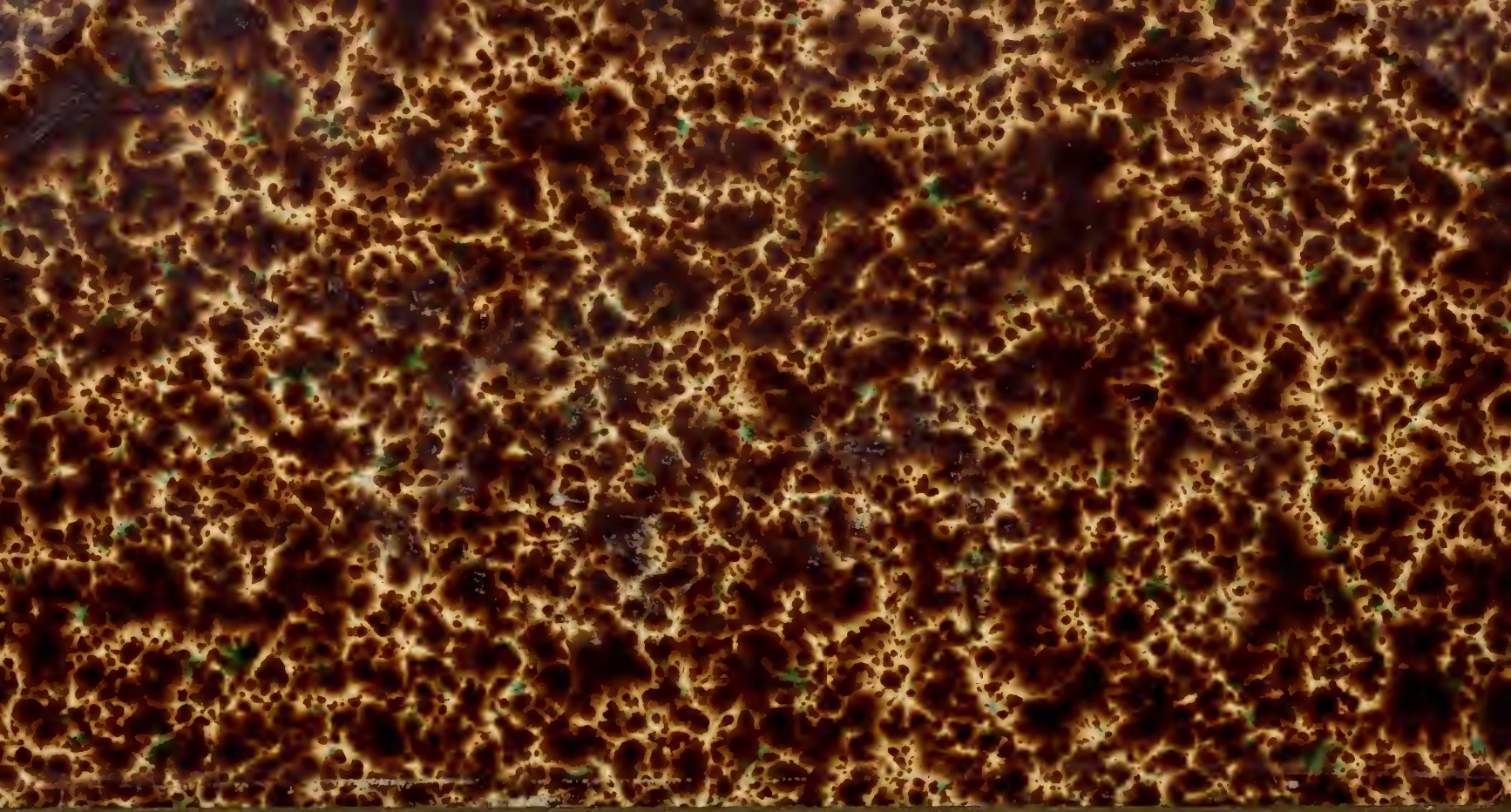

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VOL. V

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Original Contributions

SANTONINE.

J. A. Munk, M. D., Los Angeles, California.

Read before the Los Angeles County Eclectic Medical Society.

Santonine is the active principle of the plant santonica. The herb grows in nearly every section of our country and is one of the native wild plants which are found growing in the College Botanical Garden. Its common names are wormseed and Jerusalem oak, and is readily recognized by its characteristic odor. Children who have ever taken McClains, or some other kind of fluid patent-medicine vermifuge during the past fifty years or more, have a distinct and abiding recollection of its taste, as this plant is almost always an ingredient in every such mixture.

Scientifically it has been classified as Chenopodium, artemisia, ambrosia and erysimum, but whichever of these names is the correct one matters little, as it is preferably called by the familiar and euphoneous name of santonica. Its oil, or other fluid preparation, is now seldom used in medicine, owing to its disagreeable taste, but is ordinarily dispensed in the form of santonine, which is almost tasteless. It can be used in powder, but is more conveniently given in a tablet triturate, which always divides the dose accurately, one-fourth of a grain being the average dose. If a smaller dose is desired the tablet can be divided, or the dose can be increased to two or more tablets. It is not objectionable to a child and may be eaten like candy, dissolved in water, or swallowed like a pill.

The dose of santonine is from a quarter of a grain to two gains. The United States Dispensatory gives the dose from ten to thirty grains, which is evidently excessive and dangerous. The smallest dose of any drug that will have the desired effect and afford the needed relief, is the quantity that should be used. The Eclectic method of prescribing medicines in frequent small doses is much preferable, as a rule, to giving large doses at longer intervals. An over dose of five grains, or more, is poisonous and dangerous, as it has been known to cause convulsions and death. With ordinary caution, however, no dan-

gerous effect is ever produced. During the past forty years in which I have used the medicine freely (and I commenced using it when I started in practice), I have never seen the slightest evil effect and regard it as perfectly safe in all cases if used in the small dose. When administered it imparts a bright saffron hue to the urine, so that it is always best to advise the mother or nurse what to expect, as they might become frightened by the sudden change in the color of the urine, if not informed.

Santonine is known as a good worm medicine and so it is; but this action represents only a small fraction of its real value. Its full value is too little known, for which reason I desire to call attention to the agent at this time. As a pleasant and reliable vermifuge it is the remedy par excellence and will expel both stomach and pin worms. Worm symptoms are various and numerous, but those that are usually present in such cases are: a whitish ring about the mouth, slight swelling of the upper lip, much picking of the nose and the uttering of shrill cries during sleep. Although these signs are all well known worm symptoms, yet they do not infallably denote the presence of worms; but they do always indicate irritation of some kind in the intestinal canal, whether produced by worms or some other cause, and call for santonine.

A quarter or half grain tablet, according to the age of the child, should be given every two hours until three or four doses are taken, then followed by some mild purgative. I do not say that a physic is absolutely necessary to success, but a soft state of the bowels will naturally aid the expulsion of worms if there are any. If there be no worms in the stools it is safe to conclude that there are none and that the irritation which caused the symptoms was produced by something else than parasites. Afterwards, the medicine should be continued in less frequent doses for one or more days, when the worm symptoms will have disappeared and the child well. Sometimes, after a vermifuge is given and no worms are seen, the conclusion is reached that the worms have been killed and dissolved into slime. Anybody who chooses to believe such a fiction is, of course, welcome to do so but it is not in the nature of things for living matter to dissolve and disappear in that manner.

A remedy should be selected for its known specific effect, rather than merely for what "it is said to be good for." Some medicines have but one specific action, while others may have two or more. The value of a remdy depends upon its power to relieve suffering and cure the sick; but common sense must

be used and not more expected of a remedy than it is capable of doing.

The real value of santonine, I believe, is found in its power to relieve and control a train of nervous reflexes, which arise from disturbance of the organs that are located in the abdomen and pelvis. The reflexes for which santonine is known to be specific, are those recognized as worm symptoms and already described. It will cure worm fever, which is reflex and due to local irritation; and convulsions, that are produced in like manner are also cured when the worms are expelled and the local cause of irritation removed.

In using santonine as a remedy for worms, I discovered that it also relieved some unpleasant nervous symptoms that were not caused by worms; and for many years it has been my chief reliance in treating nervous children. The only mention that I have ever seen of its benefit in such cases is in the eighth edition of Ellingwood's materia medica. He also seems to have acquired his knowledge, as I did mine, by experience and in a similar manner. The remedy is perfectly adapted to a class of fretful, crying children who have indigestion and a faulty bowel movement, with a tendency to diarrhoea and are poorly nourished. It is especially adapted to those children that are restless and do not sleep well at night, who roll and toss in bed, grind their teeth, have bad dreams and cry out in their sleep. Give such a child one-quarter grain tablet in the evening and a second or third one during the night, if necessary; but usually the first dose quiets the little patient and it seldom has to be repeated.

I can do no better than to here quote Dr. Ellingwood, who says: "I advise with full assurance of satisfactory results that this remedy be used freely in the treatment of reflex irritations. I do not think it will be necessary to give it in large doses. From one-half a grain to a grain and a half in an extreme case will, I think, be sufficient. I would suggest that it be used in the reflex irritations of pregnancy, especially when there is scanty urine, or where there is a deficiency of renal action with much local irritation. Also in the beginning stages of albumenuria of pregnancy I am confident that it will do much towards preventing puerperal convulsions, if given early. I think there are some cases of vomiting during pregnancy that will be quickly allayed by it. I advise that if it be in hysterical conditions and in those difficulties where there is irritation of the ovaries and irritation at the menstrual epoch, especially if it is accompanied with some pain.

"Santonine is a positive remedy with which to increase the secretion of urine in children. It gently stimulates the function

of the organs, promotes normal secretion and relives irritation. It is without doubt our best remedy to restore the secretion in post-scarlatinal and post-diphtheritic nephritis."

Any physician who has never used santonine as a diuretic has missed a good remedy. It will not only relieve suppression, but will also start the flow in retention of urine. It gives tone to the bladder and materially increases its expulsion force. It relieves irritation of the entire urinary tract in both old and young, but is especially to be thought of as a remedy in the urinary difficulties of the aged and particularly in cases where there is inability to void the urne.

BEFORE AND AFTER LABOR.

N. H. Blankmeyer, M. D., Aransas Pass, Texas.

Read before the Texas Eclectic Medical Society.

It is not often the doctor is consulted or notified, until very near the day of labor, unless the prospective mother is not doing as well as her good lady friends think she should.

Then the doctor is consulted by the husband or sent for, to know what is best to do for the wife's swollen feet or the dizzy spells she is having.

If the patient has been pregnant before and gone to full time with swollen feet and no treatment, she will not recognize the seriousness of such a condition, unless advised to notify her doctor, in the future, as soon as she notices any swelling.

If you are consulted or engaged one or more months in advance it is your duty to advise your prospective patron about the danger of heavy lifting, pressure of the abdomen, as in washing, and especially not to raise the arms to extreme heights as in hanging up clothes, house-cleaning, picture hanging, etc.

Common sense would suggest these warnings as it would also other matters to avoid during the months of gestation, but that kind of sense is too often not in evidence during this time, in some of the very best of well-regulated families.

Do not take for granted all women know such things, and even if your patient does, it will show thoughtfulness on your part and will be advice well received.

A fruit diet will have a tendency to encourage pliable bones and small ones, especially if a meat diet is avoided, which encourages muscle and a large baby.

Encourage exercise which besides regular walks should include the regular household duties she has been accustomed to; in fact, insist that the patient should NOT lead an idle life if you want the help of the muscles during labor.

Abdominal breathing is good to develop strong muscles, so this, coupled with massaging of the abdomen and perineum five to ten minutes each evening, especially the perineum, will be time and effort that will bear 100 per cent interest.

It will not be necessary to spend $1.00 for the so-called Mother's Friend, as 10 cents worth of sweet oil will answer as well, although olive oil will satisfy the patron better, as it is more costly and not so common as sweet oil.

While the hot, wet towel to the perineum during the completion of the second stage of labor will be fine, it will not prevent as many lacerations as the massaging with olive oil for two or more months before the lying-in period.

This is the most important treatment you can give Primipera, especially if over 30 years of age. DO NOT FORGET THIS.

If your patient is a primipera or has been subject to hard and slow labors, the foregoing advice, coupled with Lloyd Mitchella Compound, teaspoonful every four hours for six to eight weeks before confinement, will assure an easy birth and a grateful patron.

If you have no Mitchella Compound, prescribe Lloyds Sp. Med. Mitchells; Viburnum; Pulsatilla and Macrotys, aa one dram; Glycerine, half ounce; aqua q. s. to make 4 ounces; teaspoonful four times a day.

If the limbs are swollen use Sp. Med. Apocynum 1 dram; Sp. Med. Veratrum gtt xxx Glycerine, half ounce; Aqua q. s. four ounces; teaspoonful two to four hours till relieved; but if you will see that the liver is kept active you will not have swollen limbs to contend with.

As it is often the small things in the practice of medicine that make our best friends, it will be worth your while to explain to your prospective patient the process of labor, how to help pains and prolong them by the steady, even breathing with closed mouth and the slow relaxation as the pains leave. Show her the policy of no fussing and the benefit of the clinched fingers over the fundus of the uterus; but if she must and will not use the clinched hands over the domen, then use a napkin with opposite corners tied, so as to form a loop. This placed over the knees gives a good means of self help, at the same time steadies the knees; avoids the interference of friends with your effors to help and gives general satisfaction; more so than any slipper contrivance or sheet around the bed-posts.

Also instruct the mother about having four or five pads made from newspapers covered with cloth, which when soiled can be destroyed. They are inexpensive, clean and aseptic.

Much more could be said on advice before labor, but the fore-

going should be enough to bring out ideas from others better qualified.

As to the after-treatment, there will seldom be any necessity for much if you have been consulted in time and you and your patient have done your duty before birth.

If you have not been too hasty to deliver the Placenta, you will not have any of the secundines to pass two or three days after delivery, accompanied with that tale-telling odor of danger.

Whether a good or bad delivery, it is always policy to be on the safe side by ordering a germicide like the Pix Creosol tablet placed next to the mouth of the womb twice daily for a few days after birth, for which thought I am indebted to Dr. H. W. Gates of Waco.

Do not tell your patient she does not need anything for her after pains, but make them lighter and easier to bear by giving Sp. Md. Jaborandi; Viburnum; Phytolacca and Veratrum aa gtt xx in four ounces of water and order a teaspoonful every three hours. This also has a tendency to ward off breast troubles and brings a good flow of milk.

If you have neglected this step of precaution and the breasts show signs of hardening, or if you are called to a case of caked breasts applications of hot water saturated with Epsom Salts will overcome the inflammation and prevent suppuration.

See that the bowels are moved at least fourty-eight hours after birth and allow but easily digested food so long as patient is confined to bed, being governed much by the habits and surroundings of your patient as to your selection of what foods to advise.

Much has been written of late, as to the necessity of the new mother lying in bed nine to ten days, as has so long been the custom; which no doubt depends much on who your patient is and her power of endurance. The average American woman needs the ten days and more, to allow her generative organs to go back to the normal conditions.

Complications arising must be met as each case indicates, but avoid complications in many instances by the Golden Rule of Obstetrics, "Medlesome midwifery is bad."

"STAMPING OUT TUBERCULOSIS" (Contined).

Dr. Ovid S. Laws, Los Angeles, Cal.

The previous paper gave a few glimpses at the stage work constantly being played by the **Medico-Political Trust.** As this is **the tragedy** of modern times, if not of the ages, it is important to know who the contestants are, and methods of warfare.

By request, the Executive Secretary of the "National Association for the Study and Prevention of Tuberculosis" sent me much literature, from which the following facts are obtained:

"The Association is the American **representative** of the International Association, **with headquarters in Berlin.**"

There you have it, friends of liberty, standing out in bold relief. Could any possible good to America come out of poor old despotic, autocratic, atheistic Berlin? So it seems that the A. M. A. is dominated by the American tentacle of this foreign monster. Now let us hear what it proposes to do, and is already doing:

"Forming **Societies** in every **state, city** and **town** of the country."

"**Procuring** the passage of **laws** extending the scope of sanitary regulations and the **authority** or **health** officers."

These are samples of a long list, and enough to show that this foreign parasite is in our midst, and who is responsible for the pernicious activity so much complained of.

The contestant on the other side is a **growing body** of American people of rare intelligence and patriotism, who propose to defend what liberty we have left **at whatever cost.**

"The chief task of the Society is a **broad** educational campaign."

Yet their literature and conduct abound in absurdities and contradictions. The very idea of an utterly intolerant despotism coming into our tolerant America, and posing on the stage as an angel of **mercy,** is surely a gigantic absurdity that all can see. Mercy and love of humanity are not found in close fellowship with compulsion and intolerance.

This spirit of intolerance is the most striking feature in every stage performance of the above named societies. Every doctor is branded **sectarian** that is not wearing the Berlin label. Their tearful pretense is to save people from Tuberculosis in order to get laws passed to install them in monopolistic power. Like the Oil and Steel Trusts, they reach out in all directions, invading our schools and churches. This Berlin brand has been "working for six years to check the spread of tuberculosis in America." They found good soil in the A. M. A. to grow what they wanted to plant. They dominate all societies, great and small, in America, of the allopathic school.

They have grown a lot of Congressmen and a Senator in Oklahoma, and a dictator at the White House, as that edict "in the Panama Canal Zone" clearly indicates.

Recent attacks on candidates for the Board of Education in Los Angeles, show the kind of "enlightenment" these societies

are engaged in. The people have already learned to vote for those the machine doctors try to down.

These "Societies in every State, City and Town" are evidently meant for **political incubators,** to hatch legislators, congressmen and a Quixotic senator, now and then, like the one from Oklahoma. The tuberculosis **scare** mania serves to keep the incubator hot, and many innocent workers watching and waiting to see the results.

As "we now have five congressmen, and **reason** to **believe** soon we will have twenty-five," the incubators must contain a good supply of congressional eggs. They put none in till "pledged to obey orders." All **other** matter brought to the stage in this stamping-out farce are mere tricks to scare as many as possible and hold public attention, such as "preventing the spread of tuberculosis," sleeping out of doors, and many other things that may be good in some degree.

The object of this brief paper is to give a clear statement of the origin and aims of this **foreign** spirit that has so **serum crazed** our A. M. A. and all its branches, that in this "stamping out business, the doctor is more dangerous than the disease; and a despotism is being stamped into our nation.

ACHILLEA.

J. A. Munk, M. D., Los Angeles, California.

On my return trip from the national meeting in Boston a year ago, I came by the Northern route and stopped a day in Seattle on Puget Sound. Here I met some of our Eclectic physicians—Dr. Frank Brooks, Dr. N. M. Cook and Dr. I. V. Cole, in a brief friendly conference.

In speaking of the superiority of Eclectic medicine, Dr. Cole mentioned the great value of achillea, or yarrow, as a diaphoretic in fevers. I remembered what he said and after returning home was able in a measure to verify his statement. I failed, however, to remember that he had written up the subject, and that it was printed in Ellingwood's Therapeutist for May, 1909, until reminded of the fact by him in a reply to a letter of inquiry.

The agent is indicated in any case of fever regardless of its cause, when the temperature rises above one hundred degrees, with skin dry and secretion arrested. In the absence of fever it has practically very little, if any, effect. His method of administering the medicine is to add one drachm of the specific medicine to a pint of warm water and letting the patient drink it all at a single dose. Snugly tucked in bed the patient soon begins to perspire freely, until the sweat pours in a stream from every

pore. Soon as the perspiration is fully established improvement begins to take place. Pain and restlessness are relieved and the temperature rapidly falls to normal and stays there. It produces complete relaxation of the system and increases the action of every eliminating function and especially of the skin. It causes no depression like jaborandi, but is always a dependable diaphoretic and a safe and certain method for breaking up a fever. One dose is usually sufficient to accomplish that object, but occasionally it is necessary to repeat the dose.

In closing his report, he says: "I have taken all sizes of doses of achillea up to a teasponnful in hot and cold water when my temperature was normal, and outside of a slight diuretic action have never had the slightest effect from it. Have taken and given it with 100 degrees of temperature or over and never failed to get profuse diaphoresis **without** a corresponding depression as one would naturally expect. My marked results have been in adult acute febrile conditions and seldom have I had to administer more than one dose or make more than one visit; which goes to show that, from a business standpoint, I have lost considerable money by three years' use of the most certain drug in the Materia Medica."

CORN OIL.

By J. A. Burnett, M. D., Marble City, Okla.

Not many physicians know anything about corn oil, and some have never heard of it. So it would not appear that an article on corn oil would be out of place. Recently I became interested in corn oil and wrote to several physicians that were professors of materia medica in medical schools about it and was surprised to learn that even some professors of materia medica in class "A" regular medical schools had never heard of corn oil and did not know anything about it. I must confess myself that I had never heard of corn oil, until recently never saw it mentioned in a work on materia medica or saw it listed in any price list of drugs. I never heard it mentioned during my four years' medical college course. The reason why corn oil has not received more attention and not more generally known I cannot say. It certainly looks like at least more would have heard of it. I do not know how long corn oil has been on the market. Dr. C. Bevill of Waldron, Ark., writes me that he has heard of it for eighteen or twenty years, but had never used it.

The only literature that I have ever seen on corn oil is an article, "Corn Oil in the Treatment of Tuberculosis," by John Ritter, M. D., Instructor in Medicine, Rush Medical College Journal of the American Medical Association, July 4, 1908. **Dr.**

Ritter begins this article by emphasizing the fact that in the treatment of pulmonary tuberculosis oils and fats take foremost rank. Dr. Thomas Bassett Keyes of Chicago would agree with him on this assertion as Dr. Keyes is the author of three books, all teaching that tuberculosis can be cured by hypoderimc use of olive oil. Dr. Ritter speaks of cod liver oil and olive oil in the treatment of tubereulosis and says they are expensive and the price as a rule beyond the reach of most tubercular patients. Of course we must agree with him when it is given by mouth in doses from one to four ounces. The price of cod liver oil and olive oil was what caused Dr. Ritter to use corn oil, as it was much eheaper. He prescribed corn oil for patients with pulmonary tuberculosis, in place of eod liver oil and olive oil, at the Central Free Dispensary of Chicago. He says:

"The low priee of maize oil combined with all the good qualities of a palatable and wholesome oil makes it an ideal oil for patients suffering from pulmonary tuberculosis." He further states:

"I am convinced from many close observations that as a good tissue builder it is fully equal to cod liver oil or olive oil. The ingestion of corn oil is well tolerated. It does not cause nauseous eructations which usually follow the taking of eod liver oil and the prolonged and increasing dosage is always borne by the stomach."

After reading Dr. Ritter's article, I wrote him and asked him some questions, which are as follows, with his answer after eaeh one:

1st. What is the average and maximum dose of corn oil?

Ans. From a teasponful to a tablespoonful.

2nd. How often do you repeat the dose?

Ans. With each meal.

3rd. Do you give the plain oil, if not, how do you give it, or ean the plain oil be used with as good results as any. if desired?

Ans. Plain or as an emulsion, if desired.

4th. Is eorn oil as well tolerated by the stomach as olive oil?

Ans. Yes.

5th. Is the therapeutic action of corn oil different from olive oil?

Ans. No.

6th. Could corn oil be used hypodermieally?

Ans. I have never given it hypodermically, I do not advoeate the giving of any fixed oil hypodermically.

7th. Has your opinion of corn oil changed any sinee your article was published in the Journal of the Ameriean Medical Association, July 4, 1908?

Ans. No.

I asked Dr. W. C. Abbott of Chicago a few questions and received the following reply: "Corn oil is stable. The dose is the same as that of olive oil or other bland vegetable oils, i. e., from one-half to four ounces. There is no appreciable difference in the therapeutic action of corn, cotton seed or olive oil."

The Corn Product Refining Co. of 26 Broadway, New York, offered me corn oil for $7.05 per 100 pounds prepaid to Marble City, Okla. In regard to what Dr. Ritter said regarding the hypodermic use of corn oil and other oils, I wish to say there is a valuable article, "The Utilization of Fats and Oils Given Subcutaneously," by Lloyd H. Mills, M. D., May, 1911, Archives of Internal Medicine. This article was based on experiments made in the Laboratory of Physiology of Cornell University Medical School. Dr. Mills used olive oil, cotton seed oil, peanut oil, corn oil and other oils hypodermically in animals, and his conclusions are valuable. He considers the hypodermic use of oils of value in diseases. It would be a treat to any physician that is interested in oils and especially their hypodermic use, to read Dr. Mills' article.

Dr. T. B. Keyes uses olive oil in large doses hypodermically for the cure of consumption and various other diseases. He does not use ethyl chloride spray before the injections. Possibly corn oil could be used hypodermically in place of olive oil and be much cheaper.

QUESTIONS OF THE STATE BOARD OF MEDICAL EXAMINERS

Los Angeles, December 6, 7, 8, 9, 1911.

PATHOLOGY.

Answer Eight Questions Only and Identify Four Slides.

1. Describe the difference between hypertrophy and hyperplasia, and under what circumstances does each occur?
2. Name five hemolytic substances.
3. In what way do the histologic changes found in cloudy swelling of the heart differ from those foud in fatty degeneration of the heart?
4. What structural or organic changes are most likely to be responsible for constant and excessive irregularity in the heart's action extending over a prolonged period of time?
5. Describe the heart changes which frequently accompany croupous (Lobar) pneumonia.
6. Describe the condition present in hypostatic congestion of the lungs and under what circumstances is it most likely to occur.
7. Locate and describe the pathologic changes which occur in acute bulbar paralysis and name the most common causes.
8. Describe the condition of the patient and the morbid anatomy likely to be found during the first few hours in a case of thrombus of the middle cerebral artery on the left side and the condition of the patient likely to be found in a favorable case at the end of several weeks.
9. What form of nephritis is most likely to accompany or follow

a severe attack of scarlet fever and describe the pathologic changes most likely to be found in the kidney.

10. In what way do the changes found in the tyroid gland in exophthalmic goiter differ from those found in the more harmless or benign forms of goiter?

11. Identify two slides.

12. Identify two slides.

HISTOLOGY.

Answer Eight Questions Only.

1. What histological characteristics would enable you to distinguish a transverse section of the duodenum end of the stomach? Make drawings.

2. Describe a cerebro-spinal nerve fibre and tell how it differs from the sympathetic nerve fibre. Make drawings.

3. Name the primary blastodermic layers from which each of the following structures are developed: (a) Retina; (b) heart muscle; (c) hair; (d) cerebellum; (e) liver cells; (f) tendons; (g) secereting cells of pancreas; (h) voluntary muscle fibres; (i) Epithelum of bladder; (j) lining cells of pleura.

4. Make a drawing of a transverse section of the spinal chord —showing principal motor cell groups—white and gray matter in the various tracts in the former.

5. In what respect do bronchioles differ from the bronchi of medium size? Make drawing of the latter.

6. What microscopic structural differences would enable you to distinguish a section made perpendicularly to the surface of the ventricle of the heart from a like section from the uterus?

7. Trace the course of the urniferous tubule in the kidney—name its divisions and the characteristics of each portion.

8. (a) How do medium sized arteries differ histologically from tne great arterial trunks? (b) Illustrate by means of diagrams or drawings.

9. (a) Name the three membranes covering the brain and spinal cord. (b) Which contains the most fibro-elastic tissue? (c) Which is best supplied with blood vessels? (d) Which contain neither nerves nor blood vessels?

10. What feature would enable you to recognize a section of (a) spleen, (b) cerebellum, (c) suprarenal gland, (d) thyroid gland, (e) cerebrum. Make drawings or sketch of each.

11. Identify two specimens.

12. Identify two specimens.

ANATOMY.

1. Name the muscles concerned in each of the various movements of the shoulder joint.

2. Give the relations of the inferior vena cava.

3. What structures would be cut by a cross section through

5. Describe the internal or inferior calcaneo scaphoid ligament.

4. Describe the deep cervical fascia.

the fourth dorsal vertebrae?

6. Give the origin of the cochlear and vestibular nerves.

7. Discuss the excretory apparatus of the liver.

8. Describe the conditions tending to minimize the effects of violence upon the spinal column. (b) What portions of the spinal column are most subject to injury? Why?

9. Describe the spermatic veins. Why are they particularly liable to become variocese?

10. Describe the arrangement of the essential structures comprising the gray substance of the spinal cord. (b) Same for the white

11. Outline or describe the surface markings of the heart on substance.
the anterior chest wall and give position of the various orifices. (b) Locate the area of superficial cardiac dullness, also the area of deep cardiac dullness.

12. Describe the superior cervical ganglion. (b) Give its relations.

BACTERIOLOGY.

Answer Ten Questions Only.

1. Name two bacilli resembling tubercle bacillus, and explain in detail how you would differentiate the three.

2. In a suspected case of typhoid fever (second week), how would you make a bacteriologic diagnosis?

3. How is Tuberculin C used to diagnose tuberculosis? Give three methods.

4. Describe three ways in which bacteria propogate.

5. What is meant by anaphylaxis?

6. What produces erysipelas, epidemic cerebro-spinal meningitis, carbuncle, elephantiasis, Malta fever?

7. In a case of suspected tuberculosis of the kidney, how would you confirm the diagnosis?

8. Draw pictures of magnified cholera bacilli, diptheria bacilli, diplococcus catarrhalis, sarcinae ventriculae entameba histolytica.

9. How is the diagnosis of rabbies made in the dog? Where is the infectious material found?

10. Discuss the bacillus pyocyaneus.

11. What is the object of using diptheria antitoxine in a case of diptheria, instead of diptheria vaccine?

12. Explain how the bacillus tetani act after the introduction into the system through a punctured wound. What kills the patient?

CHEMISTRY AND TOXICOLOGY.

Answer Ten Questions Only.

1. In what forms does A12O3 occur naturally?

2. Name and describe the allotropic forms of carbon.

3. Give two methods of making glucose. Demonstrate by formula the action of yeast or glucose.

4. How may oxalic acid be distinguished from magnesium sulphate?

5. What are the constituents of olive oil and how would you separate them?

6. What will result when a mixture of lead oxide and stearin is heated? Explain.

7. Give a method for the quantitative determination of the decomposition of proteins in the body.

8. Give the tests for phenol poisoning.

9. Discuss poisoning by carbon monoxide.

10. Name twenty poisons which may cause sudden death.

11. Define and discuss the "corpus delicti" of toxicology.

12. Classify and name the tonic agents which may cause insanity.

GYNECOLOGY.

1. Coccygodynia, definition, causes and symptoms.
2. Differential Diagnosis, Hydronephrcsis and Ovarian cyst.
3. What are the most common pathological results of complete laceration of the perineum?
4. Anatomy of the perineum and its functions.
5. Differentiate Eczema and Herpes of the Vulva.
6. Methods of exploration of the Urethra Bladder and Ureters for diagnosis.
7. Cancer of the Bladder, diagnosis and symptoms.
8. Pregnancy complicating Carcinoma of the Uterus, diagnosis, what would be your advice, why?
9. Differentiate pelvic peritonitis, cellulitis, salpengitis.
10. Define the terms Thrombosis, Phlebitis and symptoms of each.
11. Atrophy of the Uterus, etiology and symptoms.
12. Disorders of menstruation. Name three of the most common and symptoms.

HYGEINE.

Answer Ten Questions Only.

1. What effect has altitude (4000 to 8000 feet) upon the normal? Upon the diseased?
2. Name at least three resorts for the tuberculous in Arizona or California (in either or both) and give some of the advantagesous characteristics of each.
3. Give your opinion as to the advantages and disadvantages of sleeping out of doors. Describe in detail one of two methods of providing for sleeping out of doors off the second floor of a city dwelling.
4. What are benefits of a cold plunge bath on rising? By whom should it be avoided? What should be the temperature (Fahrenheit) of a hot bath? Temperature of a tepid bath?
5. In the warfare against the typhoid fly, what is a good method of destroying maggots in horse manure without destroying the fertilizing value or removing the manure?
6. Name six benefits derived from medical inspection of schools.
7. How many cubic feet of air space should there be for each child in a school room?
8. Describe the Etiology of Malaria.
9. Why are the arid plains and mountains of California, Arizona and New Mexico beneficial to many cases of tuberculosis?
10. Describe sterilization of milk. When would you use this method? Describe Pasteurization of milk. When would you use this method.
11. In what portion of the external auditory canal is cerumen secreted? When the accumulation of ear wax is excessive, what should be the method of removal?
12. What are the objections to washing the teeth over stationary wash basin in Pullman car or hotel?

PHYSIOLOGY.

Answer Ten uestions Only.

1. What are the distinctive phenomena which characterize the contraction of nonstriated muscle?
2. What evidence of fatigue do nerve fibers exhibit?
3. Dscribe the tnoic activity of the spnal cord.
4. Dscuss the Pain sense.
5. (a) What are the general conditions which influence blood-pressure and blood-velocity?

(b) How does the rate of the heart beat vary according to sex, size and age?

6. Discuss the nature of the action of vaso-dilator nerves.

7. Describe the circulation of the lymph.

8. What is the origin of the negative pressure in the thorax?

9. How are the carbohydrates absorbed from the intestinal cavity?

10. When the chyme enters the intestine, to what new conditions is it subjected?

11. What evidence is there which seems to indicate that the pancreas has an important internal secretion?

12. How is the loss of heat regulated by the body?

OBSTETRICS.

Answer Ten Questions Only.

1. What do you understand by the following named diameters of foetal head. Occipito-fronta; Occipito-mental and fronto-mental, giving their measurements?

2. Describe the conditions of the pelvis that you consider indicate the induction of premature labor?

3. In abortion which retained secundines and infection, will you kindly discuss the matter of curettement from the standpoint of early or late operation? If the case came to you late, what would you do?

4. In abortion which retained secundines and infection, what form of infection counter-indicates curettement and why?

5. Describe the proper management of the breasts (a) Before labor. (b) After labor when child is still born?

6. How would you determine between puerperal sepsis and other inter-current fevers?

7. What would be the symptoms of an intramural fibroid of uterus and how may it complicate the diagnosis of pregnancy in early stage?

8. What are the diseases most common to the foetus in utero?

9. What is the function of the chorion?

10. What do you understand by the operation of embryotomy?

11. How would you tell the difference between a first and subsequent pregnancy?

12. How would you make a diagnosis between vertex and breach presentation?

GENERAL DIAGNOSIS

Answer Ten Questions Only.

1. Name the white blood cells and give the diagnostic value of each.

2. Describe Interstitial Nephritis.

3. Give the symptoms and signs of empyaema.

4. Differentiate a dorsal dislocation of the hip from a fracture of the neck of the femur.

5. Describe the symptoms and signs indicating a cerebral hemorrhage following an injury to the head.

6. Give the causes of hemsturia and give the symptoms upon which you would base a diagnosis of renal tuberculosis.

7. Give the symptoms and signs of hyperthyroidism.

8. Name the causes and splenic enlargement and describe spleno Myelogenous Leukaemia.

9. What are the percussion findings in (a) Emphysema of the lungs;; (b) Beginning pulmonary tuberculosis; (c) Pleurisy with effusion; (d) Aortic insufficiency in the stage of failing compensation; (e) Pneumohydrothorax?

10. Describe the Adams-Stokes syndrome.

11. Describe Psoriasis.

12. Give the signs and symptoms of gastric ulcer.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review, and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE SUCCESSFUL TEACHER.

It is not necessary to be either a profound thinker or an original investigator in order to be a successful teacher. Such a man is a hard master in so far as his own work is concerned, but rarely is he so with regard to the work of others. Also it frequently happens that the work of his brain moves by such leaps and bounds that great difficulty is experienced by those less learned in following him at all. For the beginner such a teacher is a great misfortune, and yet our large universities vie with each other in the number of such men that they can carry on their staff; for, peculiar as it may seem, such men are supposed to be strong magnets to draw the young men about to enter college. The idea being that the students desire to be and are best instructed by the masters of a subject. The fallacy of this assumption is recognized, however, by the governing body, for it is a long time before the student even touches elbows in the crowd with the so-called head of the department. In medicine the present trend is to have teachers who are not in active practice—or better still not medical graduates at all. The result is that such teachers usually become confirmed hobbyists who believe and teach that their particular subject is

the only one of any importance. Not many decades ago a doctor's lore was derived mostly from his preceptor. Then the professional instructor came along, and being such a glib talker, it was assumed that he knew a lot more. An assumption which was quite unwarranted in so far as practical work was concerned. However, the medical colleges go on teaching a lot of interesting but useless stuff which the student promptly forgets as soon as he gets his license to practice. Having accomplished this much he is now about to enter upon the work of his life, namely the study and treatment of disease, and he will be fortunate, indeed, should he now be favored with a successful practitioner as a teacher. For he must still learn the practical work, without which he cannot give valuable service and thereby earn an honest living. Beside work in a hospital is a good thing, but it will not compare with bedside work in the home. What every medical student needs is a preceptor, even though preceptors are out of style.

FLEXNER'S REPORT CONDEMNED.

The Council on Medical Education of the A. M. A. and Flexner's report on the condition of medical colleges, which has excited so much attention, is reacting. Sound men everywhere recognizes that these efforts were scholastic and not founded on good sense and practical experience. A dozen papers have appeared within the last six months, condemning the extreme laboratory requirements and teachings of many of the large colleges as impractical and only valuable for advanced students.

The arbitrary and dogmatic claims of what a medical college should be are reacting, and now the pendulum is turning. One of the notable protests comes from President Hamilton of Tuft's College in Boston, in which he says, after a year's trial and a careful study of its effects in other colleges, he is convinced that the requirements now called for have not improved the quality of the men admitted, and that instead of raising the standard of medical practice, it will practically lower it.

Demanding college degrees and high school diplomas as a necessity to enter the medical colleges, drives away a number of men who have had a far better preparation for practice as nurses, drug clerks, teachers and in other vocations of life, than the boys with a college degree, with not infrequently vicious habits and egotistic conceptions, which mar their whole after life.

The high school graduates who are often most incompetent to enter upon any serious work of college study, and unsettled in their conceptions of life and never can succeed, because of

immaturity, incompeteney to judge and unwillingness to study, exeept in the most perfunetory manner.

He asserts that the schools which have prospered most from the bitter arraignment of the Carnegie Report and the foolish efforts of health boards to raise the standard have been the small, poorly equipped eolleges.

He says "No set of purely mechanical tests can ever determine the student's ability to do college work. The eolleges are in great danger of yielding too far to the standardizing pressure, and forbidding entrance to, and actually driving out, some of the best and most promising youths of our country. It is true that the striet standard shut out many a boy of earnest purpose and great natural ability, who has all the real qualifieations for a future seholar, lacking only the artificial ones. Many sueh young men are either barred from higher edueation altogether or foreed to seek it in inferior institutions."

He says: "Personally, I believe there is much injustice in the eomplaints of the seeondary school teachers, that the eolleges are far too rigid in their demands and too technical in the enforeement of them. I have much sympathy with their demands, that the eolleges should meet the sehools half way, instead of eompelling the sehools to be governed by them."

He declares that the entrance to colleges should be governed by the man, his life, his history and his general qualifieations, not his technieal knowledge. He asserts that small colleges ean do far better work than large endowed institutions, and hopes that Tuft's College will never have more than 500 students in any one department. Beyond that their usefulness is very limited.

He outlines elearly the faet that all the smaller colleges, those that are ealled weak and poor, are profiting immensely by the foolish arbitrary standards of the so-ealled great eolleges. Even the quaeks feel it. The osteopaths and other pathies have increased elasses and they are more and more popular as a direct result of shutting out men by rigid requirements that would make very respectable praetitioners in the future.

While this is a tremendous jar on the coneeited assumption of exact knowledge of what the eolleges should and should not do, it is only the reaetion whieh naturally comes from foolish seholastic efforts to revolutionize present systems, regardless of the exact eonditions.

While there are many poor medieal eolleges in the eountry, they can't be driven out by law, nor arbitrary rules of political health boards. Public sentiment must show the proper sehools and the proper methods of education before the army of medieal students will seek them. In the meantime the quacks

thrive and flourish and many a good man who wishes to practice medicine, but is prevented from getting a legitimate education, falls into the hands of quack colleges and comes out to prey on the community or to follow some fads that lower the standard of medicine.

The A. M. A. and its assumptious trust principles carried to an extreme is drifting on to rocks that will certainly wreck it, and its managers ought to see the impending storm ahead and recognize that the great body of the profession cannot be driven or organized under cast iron rules to follow absolute lines of science.

Colleges, like every other institution, will go up and down on their merits, and whether they are endowed or not, they will live if supported by clear-brained, intelligent men.—Ed. Charlotte Medical Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1912. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on December 5th at the usual hour at the College.

There was an unusually large attendance despite the fact that it was election day.

Dr. Munk read an interesting article entitled "Santonine," which was freely discussed, as well as the general subject of vermifuges.

This being the time for the annual election of officers the following were duly elected to serve during 1912:

President—B. R. Hubbard.

Vice-President—O. C. Welbourn.

Seeretary and Treasurer—P. M. Welbourn.

The essayist for the next meeting, January 2, 1912, will probably be Dr. de Moneo.

Adjournment. P. M. WELBOURN, See'y.

J. F. BARBRICK, Pres.

TO THE MEMBERS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA:

January 1st seems to be quite an appropriate time for a few remarks concerning our own State Society and the cause of Eelectieism in the states along the Pacifie Coast. As it is the time of year when it is eustomary for every one to turn over a new leaf, as it were, and make a number of good resolutions, it eertainly cannot be out of place to ask eaeh one of our members to inelude in his or her list at least two resolutions for "the good of the cause" of Eeleetieism.

First, to resolve that he or she will make an honest endeavor to be present at our next ANNUAL MEETING to be held in San Franeisco May 28, 29 and 30, 1912, and either have a paper or be prepared to take part in the diseussions.

Seeond, to resolve that each one will try and seeure at least one new member for our State and National Soeiety.

Regarding the second resolution there is quite a field for you to work in, as I am sorry to say that I have a list of 100 or more Eeleetics, who are loeated in our State and doing a good business, but who belong to neither Soeiety. This list does not include the name of any one who is old or retired, but eonsists praetieally of reeent graduates of our best Eclectic Colleges of 10 to 15 years' praetice. They do not seem inclined to answer any letters that are sent them, and what they need is the proper sort of eneouragement. We want to show them that we have a real live, up-to-date State Society, that we are publishing the CALIFORNIA ECLECTIC MEDICAL JOURNAL,—a mighty good journal for the money. Also that the California Eclectic Medical College is firmly established in Los Angeles with a teaching faculty seeond to none and with a larger enrollment of students this year than any year sinee its removal from San Franeisco.

Now, it is not that your offieers are trying to shirk their duty in seeuring new members, but in this work of reorganization, a letter from you to some one who probably attended college at the same time you did, will help us materially in inereasing our membership list. So don't hesitate to write to any friend you know and help along in this line of the work.

We have been able within the past year to double our membership in the State Soeiety. Likewise the number of Califor-

nia Eclectics who are in good standing in the National has been increased 75 per cent.

We are working for, and expect to secure the meeting of The National Eclectic Medical Association for San Francisco during the Panama-Pacific Exposition in 1915. We urge your co-operation in this work. Every Eclectic owes a certain obligation to the cause of Eclecticism in general and the best way of paying that obligation is by lending his moral and financial support to both his State and National Society by immediately placing himself in good standing as a member in both. The annual dues of both societies combined are only $4.00.

Your officers have selected the Hotel St. Francis, Union Square, as the official headquarters for our next meeting. The Hotel Management has made us very reasonable rates for all members in attendance. Also has tendered us free of charge, the exclusive use of one of the finest convention halls on the coast, located on the second floor of the hotel; also committee rooms, etc.

We have extended a cordial invitation to 100 or more of our neighboring Eclectics in Washington, Oregon and Nevada to be present and take part in our meeting, and judging from all correspondence, we may reasonably expect quite a number of visitors. Our section officers have been faithfully at work, and promise us a rattling good program, which we hope to print in full in the May Journal, if not before. So you see we can report progress all along the line and the cause of Eclecticism in California never looked brighter than now—the beginning of 1912. All we ask is that each Eclectic individually and collectively, shall each do his or her part, pull together and boost.

H. FORD SCUDDER, M. D., Secretary.

Redlands, Jan. 1, 1912.

COLLEGE NOTES.

Herbert T. Cox.

On the evening of November 11th, 1911, the Westlake Hospital held a social dance in the college hall, in honor of the graduating class of nurses. The students and faculty of the C. E. M. C. were invited, and many of them responded. The hall was beautifully decorated with crepe paper, and a splendid orchestra furnished music for the dancers. There was a large attendance and everyone had a very pleasant time. Come on girls! Hurry up and graduate, so that we can have some more swell entertainments.

The Junior class is working out a system for clinical work, and is endeavoring to arrange that department of the work

so that the most can be obtained from it, with the least confusion possible. Heretofore the class has been so small that they could handle all phases of the work together, and each student get the full benefit. But as the numbers increase, a system is needed so that each may get his share in the different departments of clinical work. At present the working plan is to have the class divided into three crews. One crew has charge of the clinic rooms, registering of patients, and filling of prescriptions, etc. The second crew has charge of the clinical laboratory work and make all necessary analyses, while the third crew holds itself ready to visit out-patients. The crews change places every two weeks so that each individual completes the circuit every six weeks. The patients are assigned by the professors to the students in turn, and they remain under that student's observation until dismissed. The attendance at the clinic is increasing very rapidly, and some exceedingly interesting cases have presented themselves thus far this yaar. The majority of them seem to be of a higher intelligence than the average medical college clinic, and can be treated with some degree of satisfaction and understanding. From time to time we hope to be able to report some of the most interesting ones for the Journal.

The Juniors and Seniors are attending surgical clinics at the County Hospital and are seeing some very interesting work done there.

Mrs. H. T. Cox has been on the sick list at the Westlake Hospital, but is improving at this writing.

Prof. Barbrick has also had a little round of the patient's side of life for a change. The boys certainly miss his familiar voice in the lecture room, for he keeps them busy when he is there.

Osteology quiz.—Prof.—Give me a description of the ethmoid bone.

Student (rattled)—I can't get it straight just now, doctor; but I know it in my head all right.

At the State Board Examination.

Question (1)—How would you examine a specimen for tuberculosis bacilli?

Answer—Send it to an expert bacteriologist.

Question—What stain would you use?

Answer—I would let the expert choose it.

In Myology Class—Prof.—Describe the intercostal muscles fully.

Student—Well, they arise from one rib and go to another rib. One muscle goes in one direction and the other in another..

NEWS ITEMS.

Dr. J. T. Farrar, Berkeley, sends his Christmas greetings and good cheer; also his renewal for the new year.

Dr. A. R. Wittke has moved from Douglas, Wyoming, to 809 14th street, Denver, Colorado.

Dr. Charles Clark, San Francisco, Eclectic member of the State Board of Medical Examiners, made a call at the College at the time of his recent visit to the city.

Dr. J. A. Born sends his dollar for renewal and says he has changed his address from Valley Ford, Wash., to 2301 Broadway, Spokane, Wash.

Dr. W. N. Mason, Lodi, Eclectic member of the State Board, was in the city during the first of December attending the regular meeting of the Board. The Doctor visited the College.

We desire to call the attention of our readers to the announcement of "Professional and Business Opportunity" on page V of the front advertising sectioin, as this notice is worthy of investigation.

Dr. B. N. Childs of Santa Maria, Cal., recently paid a flying visit to the city and took a look in on the College. The Doctor has a hospital at his place.

There is a call for an Eclectic physician to locate in Forest Hill, Cal. Apply to Dr. G. W. Burleigh, 401 Pantages Bldg., this city, for particulars.

Dr. E. L. Johnson, E. M. I., '90, recently removed from Minneapolis, Minn., is permanently settled at No. 1009 West 21st street, Los Angeles.

Dr. M. E. Eastman sends his New Year's greetings and renewal for the New Year. Recently Dr. Eastman has moved from Santa Barbara to Alturas, hoping to benefit the health of Mrs. Eastman. Already she shows some improvement and the Doctor being the only Eclectic in the community is becoming very busy.

Drs. Charles Clark of San Francisco and W. M. Mason of Lodi, Eclectic members of the California Board of Medical Examiners, were present at the last meeting of the Board in Los Angeles, Dec. 5-9, 1911. They were very busy, of course, but had to eat and took luncheon on Monday with Drs. Munk and Barbrick at the Delmonico.

Dr. W. B. Scheurer of Long Beach, Cal., has donated to the California Eclectic Medical College a full set of all the bones of the human body, including the head, mounted in two handsome wooden cases. This gracious act is highly appreciated by both the faculty and students of the institution, and the hearty thanks of all concerned are hereby tendered to the Doctor for his generous gift.

Dr. E. P. Bailey has returned from an extended Eastern trip.

Dr. E. L. Wade, Santa Maria, writes that there are a number of good locations in his vicinity for Eclectics.

Dr. L. B. Weatherbee informs us that he has changed his address from Forest Hill to 255 Shafter avenue, Oakland.

Dr. C. S. Clark, Arroyo Grande, sends his renewal for the coming year.

Dr. A. D. Tilden, Riverside, sends his subscription by a friend visiting in the city.

Dr. Ford Scudder, Redlands, has visited the city a number of times during the past month.

In a letter from Dr. Bullington, Chico, Calif., he says: "Dr. W. H. Devore of Canyonville, Oregon, an E. M. T., died on October 17th of blood poison and the people are crying for an Eclectic to take his place. He had been there twenty-five years and the business is well established.

Dr. Soenneken has arrived from Nyack, N. Y., to spend the winter and called in person for his Journal.

Dr. J. H. McDonald, Puyallup, Wash., sends his subscription and sends his regards to various old-time friends.

Dr. J. A. Munk spent the Christmas holidays visiting various hot springs in Arizona.

Dr. Florence Cheney, Turlock, sends her renewal for 1912, but according to our books it is 1913. The Doctor reports business flourishing in her vicinity and this condition of affairs must account for her forehandedness.

DR. MUNK HERE FOR A SHORT VISIT.

Eager to visit what is almost the only section of Arizona with which he is not familiar, Dr. J. A. Munk arrived in Phoenix this morning from his home in Los Angeles. Dr. Munk knows more of the history and folk-lore of Arizona than any other man living. He has spent the best part of his life collecting books, pamphlets and other publications bearing upon Arizona and is the author of a book, "Arizona Sketches," one of the most delightful volumes ever written in description of the wonders and scenic marvels of the new state.

When he had collected about 4000 titles, Dr. Munk compiled an Arizona Bibliography. He thought that his work was practically complete and turned his Arizona library over to the Southwestern Museum, at Los Angeles. Since then he has collected over 1500 new titles, bringing the total up to nearly 6000. The library, he says, is much consulted by visitors to the museum.

At the present time Dr. Munk is engaged in collecting de-

tailed data concerning the hot and mineral springs of Arizona. He has never visited Castle Hot Springs or the district thereabout and intends to spend several days there on his present trip. Before that, however, he will make a trip to Prescott with Miss Sharlot M. Hall, territorial historian.

Dr. Munk is much pleased with the growth he sees on every hand in Phoenix. Before he got on the train at Los Angeles yesterday he did not know that the Hotel Adams was completed and was much surprised to learn that that was the case. When he was here last March the foundations were being laid. The Adams, he says, would be a credit to any city.—Arizona Democrat.

WORDS OF APPRECIATION.

The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friend, The Antikamnia Chemical Company, and reads:

"Gentlemen:—Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, Atlanta, Ga., an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me."

MARION T. DAVIS, M. D.

ANTI-DIPHTHERIC SERUM AND GLOBULINS.

In their current announcements to the medical profession it is noted that Parke, Davis & Co. give equal prominence to their anti-diphtheric serum, which they have produced unchanged for many years, and the newer "globulins," which they have been marketing for a number of seasons.

The globulins, as is perhaps known to most practitioners, is anti-diphtheric serum with the non-essential portions eliminat-

ed. Compared with the normal serum it provides a corresponding number of antitoxic units in lesser bulk, permitting in consequence a smaller dose, which probably accounts for its apparent growth in favor among physicians.

Both the natural and concentrated products, of course, bear the company's guaranty of purity and efficacy. They are evolved in the blood of healthy, vigorous horses and are prepared under the supervision of expert bacteriologists and veterinarians. The tests, bacteriological and physiological, to which they are subjected during the process of manufacture, are thorough and elaborate.

The California Eclectic Medical Journal

Vol. V. FEBRUARY, 1912 No. 2

Original Contributions

HIGH FREQUENCY CURRENTS.

Dr. A. de Monco, Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

In presenting this paper I shall be compelled to draw freely from several authors upon the subject and I shall call your attention to what Dr. Strong has to say in regard to Electrons and vibrations:

"All our conceptions of the external world are derived through the impressions waved by the nerves corresponding to our five senses. These impressions are the results of vibratory forces which impinge upon the nerve ends. Difference in sensation results from the varying rates of the vibration from the character of the medium through which the vibrant waves travel. For example—sound is the result of mechanically excited waves transmitted through the air or some solid or liquid substance; at about 40,000 vibrations per second, sound waves become inaudible as our auditory keyboard has a limited number of notes.

"We explain all natural phenomena by means of two fundamental conceptions called matter and force. Matter we define as that which occupies space or takes up room—energy or force is that which produces a change in the form, nature or position of matter. We assume that all forms of matter are molecules. A molecule is the smallest portion of matter that can exist alone. Under ordinary conditions these molecules or infinitismal particles of matter do not touch each other, but are separated by relatively great space. This is due to the fact that molecules possess the inherent property of mutual repulsion. That is, each molecule tends to drive all other molecules as far away from itself as possible. The mutual repulsion of molecules is, however, more or less neutralized by the attraction which each molecule possesses for other molecules in its vicinity. These particles of matter are never at rest, but are constantly swinging through definite orbits. It is the inherent

tendency to orbital motion which causes the molecules to apparently push each other apart."

"Energy may be divided into mechanical or molar force which produces changes in masses of matter—a molecular force which acts on the molecules of a mass.

"Heat is a form of molecular force which, when applied to a body, causes its molecules to swing through gradually increasing orbits, increasing the distance between each molecule and its immediate neighbors. This causes the mass of matter to enlarge and consequently we say that a body expands when heated—iron or steel for example. When molecules are relatively close together, their mutual attraction is very strong and the mass of matter would appear to us as being very hard and firm, such a mass is called a solid body. Suppose a solid body were to be heated, the distance between the molecules would increase and their mutual attraction would gradually diminish after a time, and a point is reached where this mutual attraction and repulsion just balances each other, and as a result, we have a form of matter in which the particles are so loosely held together that the slightest force is sufficient to break them apart.

"Matter in this condition is called a liquid. Application of heat to liquid causes still further increase in the distance between these molecules, with a corresponding decrease in mutual attraction. At a certain point the mutual attraction is less than the repulsion and we have then a form of matter called a gas in which the particles tend to diverge indefinitely, consequently the volume of gas is limited only by the size of the vessel in which it is contained. The above mentioned property of gases is of very great importance, as it has made possible the discovery of the minute entities of which not only molecules, but their component atoms are constructed. These particles may be regarded as units of force as well as units of matter. From the latter standpoint they are called corpuscles, from the former Electrons. The Electron is, therefore, the structural unit of all phenomena; it is a minute charge of negative electricity, self-centered and integral. There is no good reason for supposing that an absolute solid material body underlies and supports this negative charge. In a free state, electrons repel each other, yet they are capable of forming alliances, uniting into groups consisting of 800 200,000, each electron of which swings or vibrates through a definite orbit, so that a minute Solar System is formed. The Electron representing the planets and being held in equilibrium by the attraction of a hypothetical Central Sun. These wonderful minute systems constitute the atoms of the various chemical elements—the

number of Electrons in a given group determining its physical and chemical properties and its anatomic weight. Thus the hydrogen atom consists of about 800 electrons and has an anatomic weight of .1. Uranium has over 200,000 and an anatomic weight of 239; between these extremes lie the odd groups of electrons which constitute the chemical elements. In each atom, the mutually repellant electrons are held in a state of harmonious orbital motion by a centralizing atmosphere of positive electricity in which they are apparently suspended at equilibrium. In the Solar System the planets are simply held together by the sphere of solar attraction—imagine this sphere of attraction to still exist after the removal of the sun and we have a crude idea of the nature of the positive electricity which holds the Electrons together in the atoms."

So much for the Electronical theory, and according to Strong.

I have given you this theory in order that you may gain some hypothesis of the relations of molecules and atoms which go to make up the human body and the how and why of the Electronical action thereon.

De Arsonval currents are of low potential and high frequency, of large voltage and are obtained from solenoids and to demonstrate this current in a proper and efficient manner, you should use an Auto-Condensation table and either a static or coil of sufficient power to produce with a hot wire meter from 800 to 2000 M. A. Without such an apparatus, your efforts will be futile, and without that wire meter, you cannot know what you are doing. With such an apparatus, the physiological action is excited mainly upon the cellular function and the chemical processes of the body, increasing tissue composition forming osmoses, stimulating metabolism and elimination. The De Arsonval current, sometimes known as the Thermoe-Penetration, finds its proper field of usefulness in the treatment of chronic and constitutional diseases where derangements of nutrition and cell growth are dominant, such as Diabetes, Gout, Obesity, Rheumatism, etc. They are of much use in diseases involving wasting of tissue, such as Tuberculosis, Muscular Atrophy, etc. The De Arsonval current, from such an apparatus as I have described, is one of the most certain means of reducing high blood pressure. What drug or drugs can you call to mind at this moment that by its use you can, within a period of twenty minutes, safely and certainly reduce from four to twelve M. M. from a blood current? De Arsonval will do this; by its use you can reduce the blood pressure, as I say, from four to twelve M. M's today, but the pressure will rise and tomorrow you will find it up, but not quite so high. You reduce

it again. This time you will reduce it more; it will rise again, but not so high. You keep on reducing it, and in a short time you will have it normal, and by judicious application you may maintain it there. You will thus relieve the high key, the feeling of tension, the nervousness, the insomnia, the pressure upon the kidneys and a general feeling of well-being will ensue. Not in every case, however, can this be successfully accomplished. There are a few cases in which you cannot do it, that is you cannot get it to normal, but it will do more for that patient than all the drugs in the Materia Medica that you may have your choice of. They advance the idea that in certain forms of heart diseases or in arterial sclerosis, that you should not remove the pressure to any extent, yet I have seen such cases treated with the De Arsonval and great relief resulted, when the diagnostician was so alarmed about the treatments about to be attempted, that he washed his hands of the case for all time, yet no fatality occurred, and when I saw the patient he was in very much better condition than he had been for years previous. So much for the De Arsonval.

Next we will consider the Oudin Current—so called because Oudin was the first to use it. He is a pupil of De Arsonval. This current is taken from a solenoid also, but is produced by a longer and finer wire, hence the frequency is increased, also the voltage. This current is one usually found upon resonators in every physician's office, but I am sorry to say that the manufacturers are not as careful in its construction as they might be and its efficiency is therefore to be questioned. The efficiency of electrical apparatus is very necessary, or in fact as much necessary as perfect drugs. If you use a dead or inert drug, you are deceived and your patient disappointed and your reputation impaired. This applies with fourfold force to electrical apparatus. The Oudin Current is of great efficiency in the treatment of skin diseases, especially of a dry or scaly nature, such as Eczema, Psorisis, Dandruff, etc. By the use of the Oudin Current applied with a high tube, conjoined with X-Ray, it becomes practically a specific in tubercular gland. In tumors of the bladder, by the use of the cystoscope and proper fulgurating instruments, they can be destroyed in from one to three treatments, if they are not too large. In furunculosis of the urethra it is a means of certainty which the G. U. doctor has long sought. Take, for instance, a tumor located on or just back of cokscomb and the Oudin Current becomes a safer and saner proposition than the knife in the hands of the most skilled surgeon. In neuritis, if chronic, showers of high frequency sparks along the course of the nerve, giving special attention to tender spots will prove effective. The sparks should be one-

quarter to three-quarters of an inch in length and the duration sufficient to produce slight hyperemia or redness. Take your old friend—a common bunyon—what can you do for it? What will you do with it? Apply bunyon plasters? In your next case use the high frequency, and I want to say here, in your use of the high frequency current, or in the use of any other electrical current: for instance, if you should fail to get the results anticipated by yourself and your patient, don't blame the patient; don't blame the electrical currents, but blame yourself and the efficiency of your apparatus and especially your technique. In the use of the high frequency currents, be they De Arsonval, Tesla or Oudin, you should know how to use them, when to use them. You should know the difference between high, low and medium tubes. You should know when to use the medium tube and the specific indications for the medium tube. Also the high tube and its specific indications. You should know, and do know, no doubt, that the X-Ray belongs to the high frequency family, and you know there is a decided difference in the effects therapeutically of the high, low and medium X-Ray tube. It applies with still greater force when you commence to treat with the high frequency tube—if you have used the wrong X-Ray tube, your photo plate will reveal to you your error. When you use the strong tube in high frequency, there is no photo plate to reveal your errors. In acute inflammation we use a low tube and the color is purplish or red. In subacute conditions we use a high tube and the color is a bluish white or almost white when properly excited. In this order you will apply these tubes for three minutes, five minutes or ten minutes; depends upon the condition you are treating and the efficiency of your apparatus and your experience in the treatment of such conditions will be your guide and their successful termination. I don't believe at the present time the medical profession has any drug, serum, vaccine, antitoxin or any other substance that you can squirt into the human system by any means whatsoever that will so profoundly effect general metabolism, producing endosmos and exosmosis, change of the fluid relations of the body, as will the De Arsonval current. What can you say of the restoration of white hair, practically brought back to a normal color in a lady who was being treated for another condition. Is this not an evidence of profound impressions on metabolism? What better example could you cite, if asked to cite one? Now the question arises, if you can lower blood pressure by use of the high frequency currents, can you increase blood pressure by use of the high frequency currents? In other words, will it blow hot and cold in the same breath? No and yes. But the technique must be decided-

ly different. To increase blood pressure, you use a medium or high tube and shower the nerve centers by sparks an inch long and you will get an increase in blood pressure, but so far I have been unable to increase blood pressure as satisfactorily as I can reduce it. In some forms of neuresthenics, we have a decreased blood pressure, and we always wish to restore the normal pressure, and we can do this about as effectively and permanently by the use of the Static Morton current conjoined by the use of the sparks. In that form of neurasthenia whereby high pressure is present, of course auto condensation is proper and very effective. In Diabetes, my experience has taught me that there is nothing that I know of in the Materia Medica that I can use that will produce such beneficial effects as auto condensation. The change in the patient is attested by the rapid decrease of sugar in the test tube, the disappearance of that everlasting thirst which goes with and is always present in Diabetes, encouraging the patient and you to greater efforts. Goiter, by means of the Morton wave and the high frequency tubes, is relieved and cured in almost every case. Obesity,—give a diet, through elimination of all starches and sugar, and see the fat melt away from one-half to a pound a day. I tell you, gentlemen, it beats phytolacca berries all to smytherines; but then I suppose some of you and your patients would stoutly refuse to do without your sugar and your starches, etc., even could you be assured of losing some of your fat.

Rheumatioid Arthitis—what will you do with it? Supposing a lady an embonipont, in other words, fair, fat and forty or more. The menopause over for a year or two or more. She presents herself at your office and informs you that she is a great sufferer from rheumatism, and to prove it she presents a set of digits on which she informs you that she has not placed a glove or been free from pain for six months or a year. The little finger is beginning to warp, at the wrist there is an enlargement or increased dimensions. She tells you that she wishes you would do something for her, if only to relieve the pain so that she might be free in order to sleep. She could stand the deformity—what will you do for her? Prescribe an embrocation, a liniment, or will you give her some macrotys, some colchicine, or will you rub a salve consisting of menthol, oil of sweet birch thereon, and when she comes again inform her in your blandest manner that such cases are unusual and incurable and let it go at that, or will you teach her the use of morphine, codine and other narcotic drugs? If you had in your office the proper apparatus, you would cure such cases in a month or six weeks. You would be able to stop the pain in one or two treatments. True you would not get proper mobil-

ity of the joints, but you would certainly be astonished at the results accomplished.

Sciatica.

Especially chronic—a condition you know every general practitioner longs to treat; he likes to see them come into the office. The word sciatica is music to his ears. If he is a surgeon or has surgical proclivities, his therapeutical nihilistic tendencies will at once arise and he will soon begin to talk stretching the nerve. The general practitioner of certain schools will try the coal tar derivitives, the counter irritation along the course of the nerve. Results: morphine, codine and others of the opium group. The Osteopath will look closely for lesions; he will search for dislocations along the spinal column and by means of pressure he will succeed in relieving some cases of Neuritis or Sciatica; but I am calling attention to the old chronic, when atrophy occurs in the muscles of the calf of the leg or hip—what will you do with it? Perhaps you answer by saying, "What will you do with it, with your boasted electrical efficiencies?" I may fail; I have failed; but I gave my patient greater relief than had previously been done by any other method or means. Of course I am now speaking of the extreme cases. The past ten cases of acute Sciatica—not due to gonorrhoeal engorgements of the prostatic gland—I have cured in less than ten days. Using the static spark, conjoined with high frequency tubes. Like Tennyson's Brook, I might go on and on, but I think I have devoted sufficient time tonight upon high frequency. I wish to say that aside from the electronical theory these observations have been made by meself in my private practice, covering a period of years. I have demonstrated them, time and time and again and expect to go on demonstrating and proving. Gentlemen, there must be something to Electro Therapeutics, because the Electro Therapeutists are the most enthusiastic practitioners in the world. When you read their books, their articles in the journals in which such extravagant claims are made, I don't blame you for doubting, especially if you have not had actual experience and without this experience you cannot combine or understand the true application and use of electricity in any of its forms. The technique is heartbreaking; it is like music or art, it is your master for a time at least; but perseverance, close observation, persistency, good apparatus, study of Electro Physics—all of these are essential if you will succeed with the high frequency currents, and other modifications when indicated.

JOSEPH RHODES BUCHANAN, M. D., LL. D.

By Richard E. Kunze, M. D. Phar. D.

The artiele by Dr. O. S. Laws, in the Deeember number of The California Eelectic Medieal Journal reminds me of what I know of that great teaeher of Oeultism, especially so in psychometry and sareognomy. Dr. Buehanan was a very talented and highly edueated physician, and a fellow student with the late Prof. Gross of the University of Pennsylvania of Philadelphia.

I first beeame aequainted with Dr. Buchanan in 1868, just after my graduation in the spring elass of the Eelectie Medieal College of New York. During the years of 1868 and 1869 I was eleeted a trustee of that college, and also filled the position of treasurer and eensor for the final examination of the graduating elass. The late Prof. Robert S. Newton, Dean of the eollege, invited Dr. Buchanan to joint us and fill the position of Psyehology, whieh he finally did, after seeing me, and what prospeets there were of getting his pay. Dr. Newton had the faculty of promising mueh, and forgetting his liability to square up aeeounts. Dr. Buchanan was engaged to give ten leetures at the stipulated price of one hundred dollars, the amount I took his reeeipt for before he gave any lecture during the eurrieulum following in the winter of 1868 and 1869. Dr. Buehanan found a number of very sensitive individuals among the members of the students as well as those of the E. M. Soeiety of the County of New York, which held its meetings in one of the eollege leeture rooms.

He called on me one day to prepare some bits of tissue paper, which were placed in a strong tineture of Gelsemium Sempervirons made by myself from the green root of that vine, and whieh I seeured from Virginia in early spring. The bits of paper, one by two inches in size, were plaeed in small envelopes and given to each one of the students and members of the County Society, who had been invited to be present, and beeome provers of the patho-genetie effeet of Gelsemium. None of the provers knew what drug it was, which by absorption of the hand in whieh an envelope was held, they were to subjeet themselves to.

I was present to watch the effeet and took mental notes. After ten minutes and in some eases of twenty the symptoms of drug proving of Gelsemium manifested themselves in a marked degree, espeeially in the ease of Mrs. Marie B. Hayden, a member of the County E. M. Soeiety, and a Mrs. Cooley of the student elass. Mrs. Cooley soon fell asleep. Mrs. Hayden eom-

plained of drowsiness and double vision. Dr. S. E. Mortimore, younger than the other provers, was also affected to some degree, but much less so than the ladies mentioned. Dr. Mortimore was professor of anatomy, and had been a student of Dr. Newton's office. None of the other provers reported any marked symptoms of the drug effect. Both Mrs. Hayden, wife of Dr. Hayden, of Viburnum Compound notoriety of Sharon Springs, Mass., and Mrs. Cooley of New York, were strong-minded women, separated from their husbands, and in support of their families, whereas their respective husbands lived outside of the marital circle. But both these ladies were highly sensitive and of the mediumistic type of organization.

This may in a measure explain why some homeopathists report great success with centesimal potencies of drugs. On the other hand here I must refer to the curative effect of Gelsemium, given in most heroic does as given by the late Dr. Robert S. Newton in the case of Miss Claude Mortimore, suffering from some kind of a fever. Other remedies and small doses of Gelsemium have been used without benefit. Finally Dr. Newton gave Miss Mortimore, a lady of the sanguine lymphatic temperament, a full teaspoonful of the saturated tincture of Gelsemium at one dose, and it cured her. The brother, Dr. Samuel E. Mortimore, who formerly was a student with a homeopathic physician before affiliating with the Eclectic cause, objected strenuously to such an heroic dose, yet Dr. Newton insisted and broke up the fever therewith. My information came from another brother, Dr. Fairfield S. Mortimore, all neighbors of mine.

A VISIT TO DOCTOR KUNZE.

J. A. Munk, M. D., Los Angeles, Cal.

On my recent visit to Phoenix, Arizona, I paid my friend, Dr. Richard E. Kunze, a visit, as I always do every chance I get. I first learned to know about him when he lived in New York City, some time in the seventies, by reading his interesting articles on Cactus Grandiflora and Ceres Bonpladi, which appeared in our journals about that time. I lost track of him for many years, until I read Dr. Alexander Wilder's article in the American Medical Journal, which told about Dr. Kunze and his work and stated that the Doctor had gone to Arizona and lived on a farm near Phoenix. Soon after getting this information I was in Arizona on one of my yearly visits, when I called on Dr. Kunze and made his personal acquaintance and

have seen him several times since then and correspond regularly.

After the death of his wife, whom he loved dearly, he decided to go to far-off Arizona in search of solace and health. He was charmed by the climate and fascinated by the many natural attractions which the country afforded. He quit the practice of medicine and engaged in farming; also devoting some time to horticulture, entimology and botany, which were favorite pursuits before he studied medicine. Here he found himself in the midst of his beloved Cactaceae in such quantity and variety as he had never dreamed of. He combed the desert far and near in search of cacti and found some new varieties of this strange plant that had never been described, which have since been named in his honor. His work now consists mostly of propagating and growing rare varieties of cacti for the foreign market, and he supplies almost exclusively the parks and gardens of Europe. Locally his place is known as the Cactus Farm, and himself as the Cactus Man.

Here he lives alone in his modest domicil, where I spent several delightful hours with him and shared his bachelor's luncheon. Subjects of mutual concern were discussed and I listened with intense interest as he spoke about his work. Some time was spent in looking over some rare old books and manuscripts as well as other more recent works. Then he drifted into reminiscences and told of some of his early experience, which undoubtedly makes him the youngest prover of drugs on record. When only seven years old he was stung on the tongue by a wasp that was hidden in a pear he was eating. Impelled by a natural impulse of instinct he tore loose a pice of fresh sod from the ground and applied the moist soil to his tongue, which relieved the pain in a short time. It is a fact that sod generates ammonia freely, which agent is a reliable antidote to the poison of insects and clearly proved its efficacy again in this case. The above circumstance was mentioned in connection with an observation that nature supplied remedies upon every hand if we only knew what they were and how to use them.

He related another incident of his early life when he was but twelve years of age. An older brother was taken sick with pneumonia and the doctor who treated him prescribed tarter emetic. After taking a few doses the patient refused to take any more medicine, and in order to hide the deception, bribed young Richard to take the dose in his stead by promising to pay him a sum of money upon recovery. Under this arrangement the patient improved rapidly while the younger brother became

very sick from taking the medicine. However, both brothers duly recovered, when the money was paid over as promised.

During his whole life Dr. Kunze has spent much time investigating things, trying to find out for himself what there was to know. This habit has made his life a busy one, as it does that of every man who pursues the same course. He not only investigates, but is wise enough to record the results of his experiments and is a contributor to various scientific journals in several different languages. As the reader doubtless remembers, he has contributed valuable articles on Materia Medica to the pages of this journal during the past two years and has promised more. He mentioned a discovery that he made recently of a new plant that is highly medicinal. It is a native of Mexico, but its range extends as far north as the Salt River Mountains south of Phoenix, where he found it. He identified it as the Bursera Microphylla, but its common name is not given. It is a woody shrub that is pleasantly aromatic in all its parts and has a berry that tastes like allspice. He found that it had a magic effect in vesicular and prostatic irritation in men and quickly and permanently relieved that annoying trouble. It was used by masticating the leaves and young twigs and swallowing the juice and by infusion.

Dr. Kunze has a manuscript of a book which was copyrighted in 1880, on "Materia Medica, Past, Present and Future." It treats of botanic medicine and is a complete history of the subject gathered from every known country and people, to which are added his own experiments and observations with drugs. Many of the subjects are handsomely illustrated by hand drawings in colors, and altogether the work is an interesting and unique production. He desires to publish it, but is unable to do so at the present time. If it is not published during the author's life time, it is promised to the Munk Library of Arizoniana in the Southwest Museum.

Dr. Kunze is young at seventy-four years of age, is a striking figure and has a strong personality. Although he has not practiced medicine for many years, he has not lost his interest or faith in medicine nor loyalty to Eclecticism. May he live many years more to enjoy life in the land of Heart's Desire, and reap the full reward of all his labors.

"STAMPING OUT TUBERCULOSIS" (Continued).

Ovid S. Laws, M. D., Los Angeles, Cal.

The previous paper gives the **origin** and **aims** of this "**Stamping out**" society, as stated in its own documents.

Remember, it is an "**International Society,**" with headquarters in "**Berlin.**"

Its "**American representative** has headquarters in New York City," and is six years old.

It has formed "over 430 local societies to combat the disease."

It procured "the passing of **laws** dealing with this disease in 45 States. One of these local societies is here in Los Angeles, and is showing pernicious activity in our public schools. It seems that our public schools are being used as a **stamping ground** for every foul bird. It is high time for the American people to arise and **free** our **public schools from all parasites. One** has no more right than **another,** and if not cleared off, others will intrude. Theosophy, Buddhism, Mormons and such like, all claiming to be in the interest of humanity, have as much **right** to engraft themselves on our schools as any others. Who **can show** that they would be any **worse?** However, we can clearly see the tyrannical nature of this Germanized branch of that stamping out society. Holding out offers of good will to **imaginary throngs** of tuberculosis poor people, they have gained entrance to our schools to create sentiment in their favor, and stamp false notions into the mind of the young.

As this doctors' trust is engaged in the **lawmaking** business, we conclude that **it** is responsible for the "**Health and development" bill,** enacted in Sacramento in 1909, which is attributed to the "People of California," who had no desire for it, and have never sanctioned it.

It is a **meddlesome** law, and can work no good in our public schools that cannot be as well done in the ordinary way by teachers, parents and their medical advisers. Here is the law:

AN ACT

ENTITLED "AN ACT TO PROVIDE FOR HEALTH AND DEVELOPMENT SUPERVISION IN THE PUBLIC SCHOOLS OF CALIFORNIA.'

Approved April 15, 1909.

The people of the State of California, represented in senate and assembly, do enact as follows:

SECTION 1. An act entitled "An act to provide for health and development supervision in the public schools of California," approved April 15, 1909.

Section 1. Boards of school trustees and city boards of education are hereby authorized to establish health and development supervision in the public schools of this state, and to employ an examining staff and other employees necessary to carry on said work and to fix the compensation for the same.

Whenever practicable the examining staff for health and development supervision in the public schools of the state shall consist of both educators and physicians.

Section 2. The purposes of health and development supervision in the public schools of the state are hereby defined as follows:

1. To secure the correction of developmental and acquired defects of both pupils and teachers which interfere with health, growth and efficiency, by complete physical examination. Said examinations shall occur annually or as often as may be determined by the board of school trustees or city board of education.

2. To adjust school activities to health and growth needs and to development processes and to attend to all matters pertaining to school hygiene.

3. To bring about a special study of mental retardation and deviation of pupils in the public schools.

Section 3. The requirements for certification of members of the examining staff for health and development supervision in the public schools of the state shall be as follows:

For educators: A life diploma of California of the high school or grammar school grade and a health and development certificate which shall authorize the holder of such certificate to conduct the work authorized by this act, in those grades specified by the life diploma held.

For physicians: A California certificate to practice medicine and surgery and a health and development certificate.

Section 4. County or city and county boards of education are hereby authorized to grant health and development certificates to holders of life diplomas of California of the high school or grammar school grade or to holders of California certificates to practice medicine and surgery who shall present with such life diplomas or with such certificates to practice medicine and surgery a recommendation from the state board of education certifying special fitness for the work specified in this act.

It is too indefinite in many places, to be trustworthy. In Section 1 it provides for an "examining **staff** and other employees" necessary to carry on said work and fix the compensation. for same.

That leaves the door wide open for graft, and a lot of superfluous mischief workers.

In Section 2, "**Teachers** and **pupils** are to undergo a **complete physical examination** annually, or oftener. Of course, every doctor knows what that means, but the victims do not till they are ordered to get on the table once.

The clause implies that this is **compulsory,** and is thus being carried out, regardless of the will or presence of parents.

Articles 2 and 3 are open to the wildest vagaries, where no two would probably think or act alike, and their efforts to be useful would often do harm and confuse teachers and parents, who should arise and demand a repeal of a bill made by the "doctors' trust" for the benefit of its members.

Of all the ruinous "Trusts" in this land, this Tuberculosis Society is the worst.

Like the beast that John saw (Revelations 13-11) with horns like a lamb and a voice like a dragon, it comes pretending to be innocent as a lamb while gaining dragon-like political power. Other trusts simply rob the people. But this one enacts laws both to rob and enslave. Every step leads to political corruption.

This health and development bill was meant only as an entering wedge to get a lot of doctors mixed up with the teachers, preparatory for a State Bureau, which was frantically played on the legislative stage at Sacramento.

Our schools are to be used as political machines to get state or county, or city work for members of this "Machine."

All such state laws are strictly for the benefit of one class of doctors. These doctors claim to be orthodox, and denounce all others as "sectarians" who should be stamped out of business.

Human nature being the same in all ages, we conclude that these "sectarian heretics" would be dealt with as in former times, as soon as **power** to do so could be obtained.

Class hatred is growing between doctors and the people who understand the situation.

Health and development does not protect people from being robbed of their liberty by fanatical Boards of Health, as we learn in a magazine entitled "Physical Culture," October number, 1909. A young woman of **perfect "Health and development"** was condemned as a "typhoid germ breeder" and sent to "North Brothers Island in East River, New York, her only companion a pet dog." No crime, no legal process, but just the hyper constitutional power **assumed** by this health board of New York City, that took this woman's life, for that is what it amounts to. That incident should be reprinted in every magazine and paper in the United States, and the preachers should give **tuberculosis** a **rest** and tell the fate of Mary Mallon at least once a year from the pulpit.

Our laws are so indefinite that our Boards of Health are placed clear outside of the constitution and finding that they are not amenable to any **law** for any **outrage** in the name of

"the public health," they grow arrogant and do things that would be **highly criminal** for any other class.

Mary Mallon could have been burned as a witch, just as well as by those microbe maniacs, for "the public health." No law to prevent them.

All laws should be repealed that place any set of men above the law. It should be clearly stated what they are to do, and when that cannot be done, no mandatory or coersive power shoud be given.

A State Bureau of "Health and Development" could soon devise ways and means of getting rid of all opponents by blacklisting them, and sending a **staff** who would find some dangerous malady that demanded banishment.

Whilst our Governor and the Legislature of California are trying to free us from trust rule, they will surely not allow themselves to be deceived by the most dangerous one of all, who are getting laws passed to enable them to round up the people like cattle or sheep, and dictate what they must do, or be fined or imprisoned, or both.

The microbe mania has come from **Berlin**, and infected the A. M. A. or its leaders, till they are rampant for **place** and **power** and play the microbe game so realistic that they almost "deceive the very elect."

Let them play, but let them win their bread in private practice according to their merits as other doctors are doing.

The American people are not in favor just now of bowing down to this "representative" of a foreign despotism, which has entered our schools, changed the laws in many of the states, and made political bargains with State Bishops, U. S. Congressmen and Senators. Their excuse for all this political activity is that people are dying too fast, and tuberculosis is the chief cause and ought to be **stamped out.**

Then, in order to do that they think it necessary for them to have complete control of all sanitary and medical matters of the nation, a complete monopoly.

No system of medication needing the political power of the state and nation, to push it upon the people, is trustworthy.

That fact, of itself, should be enough to restrain our Governors and legislators from turning the people over to this dragon-like political power that stamps out our liberty but **fails** on tuberculosis.

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BEGGARS.

Begging has never been practiced as a fine art in this United States. In no sense can our people approach those of Europe, particularly Italy, or some of the Oriental countries. There are many reasons why this is so, but the one that especially appeals to our national vanity is the explanation that we as a people are more independent, or better still, self-reliant. We are taught that it is somewhat of a disgrace to ask help from any one. That an occasional one either has failed to reach this high estate or has fallen therefrom is undoubtedly true. The first condition is usually the fault of the person himself, but the last is usually the result of kind-hearted but mistaken people. Indiscriminate giving is wrong. It is doubly wrong, for it harms both the giver and the receiver. The bestowing of charity may cover a multitude of sins and for this reason be a necessity as a sort of spring-time whitewash, but it should not be given to all who ask. For we all know that those who really need and deserve help seldom ask for it. You don't find them standing on the street with their hands out, but every doctor knows who they are and where they may be found. This is one of the reasons why doctors are poor and why they pass by the professional beggar on the other side of the road, as it were.

For it is not pleasant to see such a person looking sleek and well fed, immediately after seeing the sick starvlings of the great unfed as well as unwashed. Professional beggars are eyesores as well as parasites. They serve no useful purpose and should be made to go to work or starve. To be sure many of them claim to be crippled and doubtless some of them are; but who does not know a number of cripples who earn an honest living? During this season of the year this city is filled with vagabonds of all kinds, and not the best of these are the beggars.

WHAT IS THE MATTER WITH THE PROFESSION?

Dr. Christian Johnson, Willmor, Minn.

Only that we are evolving out of the past toward the future. I, for one, do not see any real progress in the editor's scheme of a "doctor limiting himself to take care of 500 persons, each of whom pays him a stated sum monthly." I believe any such plan is impracticable.

This scheme of hiring doctors by salary is now being tried out in Germany, in the "krankenkassen" companies, and it does not work satisfactorily, either to the physician or the public. The Leipsic League, in a circular issued last year, showed up the unsatisfactory condition into which it has brought, and is bringing, the medical profession in Germany. Physicians over there are crowded in the cities far worse than here, and starving, while quackery is flourishing everywhere. In many cities of Germany there are as many irregular practitioners as there are regulars. In the country districts the mothers are dying from puerperal sepsis for want of medical attendance.

In 1906 Prussia had a mortality from this preventable disease of 3722—twice the mortality per million inhabitants that we have in Minnesota! (Journal of the American Medical Association, Dec. 12, 1908, p. 2070.) The profession in Austria and France and in the other European countries is in the same fix—overcrowded in the cities, while the country districts are without adequate medical service.

Well, what is the trouble, then? **An impracticable medical educational program!**

Dr. John B. Murphy called attention to this matter in his presidential address at Los Angeles (Journal of the American Medical Association, July 1, 1911). Dr. Murphy is the first man of prominence that has had courage enough to put his finger on the sore spot of the dry-rot in medicine. Listen!

"In order to meet the educational requirement for matriculation in the modern medical school, the young man is forced to keep his face in the folds of books from his infancy. He has had no opportunity to think; he has not been taught to think; he is a book-stuffed, machine-made, non-think automaton, albeit a fit and acceptable applicant according to present requirements, from which a medical school is supposed to make a thinking medical man. What marvelous powers a medical school must possess! How is it possible? What changes should be instituted in the evolution of the medical embryo?"

Of course, when we think about it, we all know that Dr. Murphy has hit the nail on the head. Our medical curriculums today in our best schools are training men to be professors, original investigators or special technicians in a hospital, but not to be general practitioners. These high-grade graduates know all about the abstract sciences, have the university method and the hospital technic at their fingers' ends—but as for relieving Johnnie of his choke-cherry colic, they're helpless, or as for doing a major obstetrical operation at a farm house, without trained nurses and assistants—why, they know it "can't be done."

Dr. Murphy says the profession is not overcrowded. Of course, not, except in the mind of some ultra-scientific university professor. He says what the patient needs is relief of his symptoms, and if physicians would attempt to provide this, every doctor in this great land would be overworked. Here, you therapeutic nihilists, put that in your pipes and smoke it!

If our medical faculties would bend their energies to devise a proper medical curriculum, preliminary and medical, which would make practical physicians who could and would help ordinary people in times of disease and suffering, instead of as at present, trying to make "scientists," then the main troubles of the medical profession—professional and economic—would be solved.

Space forbids my enlarging on this subject. But Dr. Murphy has opened the path in the right direction, and now the rank and file must follow. (The Eclectic Review.)

HINTS AND WINNOWINGS.

In England an organization known as the "Royal Commission on Tuberculosis," has devoted the last ten years to the consideration of the various phases of tuberculosis, paying special attention to the dangerous effects of the disease on cattle and the dairy business. The results brought about by the investigations of this commission, according to the comments of

the English lay press, have been no less expensive, nor more practical, than those derived from the labors of some of our own investigating committees. After this long interval of research and expenditure of a great sum of money, the people naturally expected that some new remedy or procedure, or some additional knowledge in regard to "the white man's cattle plague," would be brought forward by the commission, but nothing of the kind has occurred. It has, however, succeeded in securing experimental confirmation of a doctrine persistently enunciated by the early Eclectics; namely, that of innate vital force and resistance, upon which depends whether we are to be healthy or unhealthy, and whether we are to have a long life or a short one. In further confirmation of this doctrine the commission in its third report says:

"We are led to the conclusion that in the case of the calves described, while the pathogenic energies of the bacilli injected were the same, the powers of resistance of the calves were different."

After commenting upon these self-evident facts, the London Times remarks as follows:

"Thus far, then, the Royal Commissioners may be congratulated on this single achievement. They have shown that it is not age, nor weight, nor condition of health, nor dose—except in a qualified sense—which determines whether a calf shall contract tuberculosis or not. It is the constitution of the animal itself. But having reached that important result why did they not see the next vital step in their investigation? The one step that could have rid us both of tuberculous milk and unloved officials! Having found calves that were immune to large doses of the tubercle bacilli, it was vitally necessary to determine experimentally whether that immunity was congenital and hereditarily transmissible to the descendants. For if it were—and of that there is little doubt—a race of cattle immune to the 'white man's cattle plague can be reared. The bovine disease will then become merely the memory of a name and but the shadow of a once-dreaded reality. There will be no need then for overseers nor for the incubus of taxation which ever follows in their train. Let us set to and produce herds of innately healthy cattle and not armies of officials. For along that line, both for cattle and for man, lies national worth and industrial progress. Along any other road, national decadence and economic decay await us."—J. W. F. in Eclectic Review.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1912. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on January 2nd at the usual hour and place.

In the absence of the President, Dr. Barbrick presided. The name of Dr. J. W. Willard was presented and the doctor was elected to membership.

Dr. de Monco read a paper on "High Frequency Currents" which was discussed so thoroughly and consumed so much time that Dr. Beard's paper on "Eclectic Medicine" was held over for the February meeting. The attendance was not as large as usual and the absent ones certainly missed a treat in not hearing Dr. de Monco's paper.

The next meeting will be held on February 6th, at the College at 8 p. m.

Adjournment.

P. M. WELBOURN, Sec'y.

B. R. HUBBARD, Pres.

ANNUAL CONVENTION OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, 1912.

John Fearn, M. D., Oakland, Cal.

It seems but the other day that the fellows of this Society met in the Stewart Hotel, San Francisco. And I think it may be safely said that our society never had a more harmonious and successful meeting. But how time flies! We will soon be

in the last third of the present year. Our next meeting will be held in May at the St. Francis Hotel, San Francisco, and our president is busy getting ready for the occasion. It has pleased the powers that be to make me chairman of the section of Materia Medica and Therapeutics for that meeting, and I want at this time to enlist the help of all our friends to make of this section a great success. I cannot do this myself, but with the help of the fellows of our society we can do it. Eclectics the world over have made their success on the lines of the vegetable materia medica.

In fact, were it not for the labors of Eclectics and Homeopaths this branch of the healing art would soon be a lost art. Every one of our men in active practice is having experiences every day with our remedies to him interesting and profitable. And if these experiences were carefully tabulated and read in our societies, they would make good reading and would add to our stock of therapeutic knowledge. We have a rich heritage of remedies; some of these we know well and they yield grand results in practice, and yet they will bear further study. We have many others. We know some of their good qualities, but there is yet so much to be learned about them, and we would be better doctors for knowing these things. Let us then begin to prepare for our annual gathering. Let us come together to give and take. Give to our brthren out of our store, points we have found valuable in our own practice. And then take from others points they have found helpful. This course will ensure for us a grand and profitable time.

Begin at once and write papers on these subjects; send me the name of your intended paper, and the editor of our journal will publish the list in California Medical Journal. Begin the work now; the papers can be sent later, so as to be in time for the meeting.

COLLEGE NOTES.

Herbert T. Cox.

The annual election of officers for the student-body was held January 8th, 1912, and resulted in the election of the following officers for the term: President, H. T. Cox; Vice-President, F. C. Calloway; Secretary, C. S. Roath; Treasurer, John Sasso.

The student-body resolved to turn over a new leaf and make the meetings more interesting and profitable to the members by incorporating more than mere business transactions in the regular meetings. It is proposed hereafter to have two

papers upon interesting subjects read at each business meeting, one by an upper classman and one by a lower classman, so that all may derive some benefit from the discussions. It is also proposed to have willing doctors lecture on special subjects from time to time before the student-body. Now, boys, it is up to each one of you to make it your personal duty to attend every meeting, get all you can out of it for yourself, give the other fellow all the aid you can, boost your student-body, and shout for old C. E. M. C. If you don't, you may see the day when you will look back and wish you had given the student-body and yourself one evening a month.

Mr. C. L. Stammers spent his vacation at home with his parents, at Selma, Cal. He boasted of the good home cooking when he returned to us. But the joke is the occupation he followed during vacation. Just ask Stam.

Several of the Freshmen spent vacation tracing addresses and delivering packages for Uncle Sam, instead of tracing the digestion of foods, etc., and delivering the goods to the professors in quizzes.

We are very sorry that M. E. Crawford, who was one of our very brightest students, has had to give up the study of medicine.

Mr. H. R. Evans has been called back to his post of duty as Assistant Superintendent of the Fresno County Hospital, for a short time, and will be missed, because he is very regular in attendance; but we hope he will soon be with us.

Dean Munk has quite a harvest of different plants and herbs at the College botanical garden, which he proposes to bring to the college and let the clinic crew have the experience of tincturing.

What some of the students wanted for a Christmas present, but did not get:—

Stammers—A stenographer to take his notes.

Hill—Autobiographies of all the bacteria.

Ervin—A full set of Bacteriological slides.

Goff—An obstetrical clinic.

Evans—A photograph of the arterial system.

Kurpiers—One dozen quiz compends.

Sprehn—A graphophone to recite for him when he is absent.

De Angelis—A key to Pathology.

Petskey—An anti-examination serum for the professors.

Conway—An antidote for an overdose of dissection.

Sasso—A self-dissecting cadaver.

Calloway—A change of climate.

Roath—An art gallery for his histology drawing.

The others wanted so much that they did not get, that the articles could not be mentioned without becoming monotonous.

NEWS ITEMS.

Dr. W. C. Ray of this city was slightly injured recently when his automobile went down a seven-foot embankment.

Dr. L. A. Perce, Long Beach, suffered a Colles fracture recently while cranking his automobile.

Dr. M. E. Daniel, Honey Grove, Texas, sends his renewal to the Journal.

Dr. Wm. Wakefield, Lake Benton, Minn., sends his subscription for 1912 by means of "The Gleaner."

Dr. John A. Nichols, Springfield, Mass., sends his renewal for 1912 and 1913, which is pleasing to us.

Dr. R. Munda Sinclair has changed her address from 2871 Octavia street, to 3018 Webster street, San Francisco.

Dr. J. B. Baker, Lompoc, sends his renewal to the Journal for 1912 and writes that owing to ill health he finds it necessary to leave the coast and wishes a location in the interior. He desires to sell his property in Lompoc at the actual value of $1500 cash. He leaves a good location where he has been unusually successful.

Dr. T. E. Riddle, Rockdale, Texas, sends his renewal through the agency of Ellingwood's Therapeutist.

Dr. J. W. Williams, Downieville, a recent graduate of the C. E. M. C., sends his best wishes for the New Year with his renewal for 1912.

Dr. W. S. Gibson, Los Angeles, has recovered from an injured knee caused by his automobile backing him against the wall of his garage.

Dr. W. P. Ferguson, Santa Ana, was a recent visitor in the city on professional business.

Dr. E. F. Gray, Whittier, has returned to his home improved in health after a three weeks' sojourn in the Westlake Hospital.

Dr. B. R. Hubbards' Surgery, which is just off the press, is going like hot cakes. It contains all the little things that a doctor ought to know, which makes it especially valuable to the country practitioner, who has to depend on himself in emergencies. It also gives full Eclectic treatment in all surgical cases and is conservative in the means prescribed. It is just the volume to always have on hand to consult about everything that pertains to surgery and should be in every physician's library.

During the month of November the College Botanical Garden received a consignment by express of fifty odd varieties of wild plants gathered from the woods and fields of Indiana. They were donated by Dr. Edward L. Welbourn of Union City, Ind., and are a valuable addition to the college experimental station flora.

The streets of Los Angeles are always crowded so that all progress is slow. There is no use to be in a hurry, as the pedestrian can only move with the stream of humanity that goes by on the broad sidewalk. There is a policeman at every congested crossing to regulate traffic, yet, even so, there is danger of being knocked down, stepped on or run over.

Another rare and valuable book has been added to the college library, contributed by Dr. J. W. Lawrence of Los Angeles. It is a copy in leather of "Lectures on Mid-wifery," by A. Curtis, first edition, published at Columbus, Ohio, in 1837. It was given to Dr. Lawrence by Mrs. Higgins, relict of Dr. C. P. Higgins, whose mother was a Botanic physician.

Dr. L. W. K. Traeey of Harrison, Ohio, is spending the winter in Los Angeles. He came West via the northern route and visited all the large cities from Seattle to San Diego. He is of the decided opinion that Los Angeles is the greatest city on the Pacific Coast.

Dr. Stephen W. Miller, of Abingdon, Ill., recently moved to Los Angeles, and is located at 2218 Toberman street.

Dr. R. M. Tafel and Dr. E. C. Bond of Phoenix, Arizona, are loyally holding up the banner of Eclecticism in the capital of our latest state. Dr. Tafel, who has been serving in the capaeity of County Health officer for several years, has been reappointed for another term and is very popular.

Some time ago it was mentioned in these items that a carpolite, or petrified fruit, of the Sigillaria tree had been found in the Black Forest of Arizona. Since then and near the same spot an equally perfeet specimen of a petrified flower from the same variety of tree was found, with calyx and folded petals intact. These speeimens are the only ones of their kind in existenee so far as known, and may never be duplicated. They belong to the Southwest Museum, where they are on exhibition and are the objeets of much scientific interest.

Dr. Riehard E. Kunze of Phoenix, Arizona, recently donated to science and the library of the California Eeiectic Medical College two rare volumes which are priceless. One is the "New Guide to Health, or the Botanic Family Physician," by Samuel Thomson, tenth edition, and published at Columbus, Ohio, in 1835. The other volume is a eopy of the "Organon der Specifischen Heilkunst, Von Dr. Guttlieb Ludwig Rau, Leipzig,

1838." These books are exceedingly rare and now seldom picked up, even once in a lifetime. The Doctor decided to put them where they would be of the greatest service, and has the thanks of the beneficiary.

Dr. C. W. Weyl and wife of Decatur, Ill., arrived in Los Angeles just in time to miss the zero weather that swept the East and will spend the remainder of the winter here.

Dr. Ovid Laws has been suffering from a severe carbolic acid burn on his right hand.

Dr. W. L. Huckabay has moved from Winchester, Texas, to Holland, Texas.

Dr. J. B. Ware, M. D., Vincent, Ala., sends his New Year's greetings.

Dr. J. T. Plimell, Hornbrook, Cal., sends a dollar, which advances his subscription to April, 1914. We appreciate such forehandedness.

We regret to learn that Dr. John Fearn, Sr., Oakland, is having a personal combat with an attack of neuritis.

The American Hospital Association will meet in Detroit the last week in September.

Dr. E. H. Mercer, San Francisco, sends a remittance to the Journal.

Dr. R. M. Sinclair, San Francisco, has sent her renewal for the present year.

The Gleaner sends the renewals of Dr. A. W. Hyde, Brookings, S. Dak., and Dr. F. P. Hatfield, Olathe, Kansas.

RIDING HIGH IN THE PROFESSION'S FAVOR.

A calming agent that is riding high in the profession's favor is PASADYNE, or as it was formerly known, Daniel's Concentrated Tincture of Passiflora Incarnata.

For a third of a century Daniel's Passiflora enjoyed the most extensive employment as a calmative, and it was only to defend themselves from piratical firms, making spurious Passiflora preparations, that the distinctive name of PASADYNE was adopted.

PASADYNE is just exactly what Daniel's Passiflora Incarnata was for many years—the most effective and safest calming and soporific agent available. Particularly in the case of hysterical women is PASADYNE valuable, for it is free from disagreeable effects and no fear attaches that the formation of a habit will follow its use. It is unusually potent, and physicians employing it for the first time need have no hesitancy; they will be gratified with the results it will produce. A sample

bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

PREVALENT DISEASES.

Each change of season brings with it its diseases, seemingly peculiar to the time.

Summer with its intestinal disorders, sunburn, insect bites, ivy poisoning, etc.

Fall presents for the attention of the physician its typhoid cases, and Winter and early Spring its regular quota of pneumonic, bronchial, throat and other chest conditions.

At this season, when pneumonia and bronchitis demand the call of the physician, literature presenting the experience of fellow practitioners, in the successful handling of these cases, would seem most apropos.

The Bloodless Phlebotomist for January reflects the experience of many physicians upon this timely subject.

Dr. Charles Buck of Cincinnati presents his experience in handling cases of pneumonia, also releates some facts in the treatment of lumbago, which might also be considered as an affliction prominently manifesting itself at this season.

"Broncho-pneumonia," with supportive as well as local treatment in all its details, is the subject of the paper of F. A. Kautz, also of Cincinnati.

Dr. E. Clinton Murray, of Houston, Texas, relates his experience and treatment in a case of pneumonia in an eighteen months' old baby, and Dr. J. C. Klippinger, of Independence, Kansas, presents a "Digerent Technique in Pneumonia," which is decidedly original. In abstract his method is to apply the local dressing in a manner which gives the intercostal muscles a chance to functionate without restriction from bandages. This symposium is closed with a paper from Dr. W. A. Radue, of Union Hill, N. J., upon "Acute Pleurisy and a Successful Abortive Treatment."

Besides the papers referred to, upon the subject of Chest and Throat diseases, much additional information is given. The one in particular we would have you note is the "Rational Influence of Hot Applications" by that well-known Therapeutist, Dr. Finley Ellingwood, of Chicago, Ill.

A postal card addressed to the Bloodless Phlebotomist, No. 57 Laight Street, New York, will bring you a copy of the January issue.

The California Eclectic Medical Journal

Vol. V. MARCH, 1912 No. 3

Original Contributions

ENDO-CERVICITIS—TREATED WITH ELECTRICITY.

By Dr. M. E. Eastman, Santa Barbara, California.

Read before the California State Eclectic Medical Society.

Electricity in the hands of the physician is one of the most serviceable of all our forces.

Many pathological conditions that are met with day by day can be conquered, and a normal condition secured by employing some one of the many forms of electrical energy.

I find in my practice that the combined faradic and galvanic machine is most useful; there seems to be more call for its use amongst the patients requiring electrical medication.

The galvanic and faradic current is useful in such a great variety of maladies; its physical and chemical effect upon the human organism can be mastered by close study in a short time; and the operation of a machine is not confined to a city having an electric lighting plant, but on the contrary, a more uniform and satisfactory current is obtained from cells, and they can be used either in the city or country.

The current is always available for use, and its effects are sure and certain. When the diagnosis is correct, and the operator familiar with the properties of the electrical currents at his command, he can be positive of the change in the tissue, or organ he has to treat. While it is true that we are not always able to tell to what degree the current will affect the part treated, yet the operators learn by experience to judge very accurately as to how long and often the treatment should be given.

Aside from the satisfaction you will feel in getting results in stubborn cases, that drug medication does not touch at all, or else takes such a long time that the patient and physician are both tired, the financial revenue is of much import.

A very good galvanic and faradic outfit can be purchased for about fifty dollars, and when connected up with fifty sal ammoniac cells, will provide ample current strength for treating nearly every case that comes under the general practitioner's care.

The cells need to be cleansed and a fresh solution made every six months; the cost amounting to from two to five dollars, depending upon whether you or an electrician does the work.

In ordinary cases that come for treatment from ten to twenty minutes time is required and a fee of one or two dollars is charged. Often times the treatment of one patient will bring in sufficient money to pay for your electrical outfit. What better returns can be asked?

In my own experience I think more genuine satisfaction has come from treating leucorrhoeal difficulties by electricity than in any other class of diseases.

The patients so treated seem to be better pleased too, and greatly improve in general health also.

In closing this article I will cite one case of cervicitis that came under my care recently, and was entirely relieved by using galvanic electricity.

Mrs. M. H., been married four years, age 22 years, never borne children. Pregnant two years ago, but miscarried. Remained in bed for a few days only. Menstruation regular, and continues from five to seven days. Patient eats and sleeps normally. Been constipated for two years. Free evacuation obtained only by using laxatives.

The leucorrhoea dates back to several years before marriage. During pregnancy the discharge stopped. Following the miscarriage the leucorrhoea was more profuse than ever. The attending physicians recommended local treatments. Treatment of applications to the cervix, and tampons employed by the physician, and medicated vaginal douches by the patient, were persevered in for several weeks, but were of no avail. Later on a curettement was performed, but the results were transitory and of short duration.

My examination disclosed an enlarged and eroded cervix with a stream of thick, ropy, tenacious mucus streaming from the cervical canal. The internal os was tightly closed, so I deemed the discharge came from the cervical canal only.

Blood examinations showed color of 80 per cent; red cells 2,096,000; and white cells 3,100. Treatment consisted of seven minute seances every other day. The copper electrode was used, first dipping it in 5 per cent Hydrochloric acid, and then into metallic mercury; rub with a piece of cotton, attach to your positive cord and introduce the electrode into the cervical canal.

The negative pole may be placed either on the abdomen or under the back. Be sure and have a large well-wetted pad, and see that it fits smoothly and snugly to the skin.

I depend upon the sensations in the uterus of the patient, for size dosage; this will range, however, from twelve to forty milliamperes.

Turn the current on slowly until the maximum dosage is obtained, and when the time comes to discontinue the treatment, turn off the current slowly, taking about three minutes to do so.

In removing the electrode from the cervical canal rotate it from right to left, or vice versa until it is free from the mucous surfaces.

The treatments were continued every other day for three months, except during the menstrual periods, when the patient left for her home in one of the northern cities. The mucous discharges were nearly stopped and from thick and glary to thin and watery. The blood cells had increased to normal and the patient gained fourteen pounds in weight.

These cases are generally cured in from six weeks to four months.

All pathological conditions of the organs of gestation in the female should have the electrical medication before endeavoring to correct the malady by surgical measures.

Of course the reader must consider the above statement as general, as in some cases conditions are such that surgical interference is imperative.

Those physicians who have not included in their therapeutic facilities the several electrical machines are narrowing their sphere of usefulness to abnormal dimensions. The results of electrical medication are fascinating and dependable.

More reports at some future time.

ECLECTIC MEDICINE.

Dr. Jas. Beard, Los Angeles, Calif.

Read before the Los Angeles County Eclectic Medical Society.

What does the general public know of the Eclectic System of Medicine? Briefly speaking—nothing.

If this be true, is it not high time to inform the public upon a question of such vital importance to the suffering ones of our race?

Nine-tenths of the people of California have never heard of an Eclectic Doctor. Indeed few really know the meaning of the word, and many associate it with the electric treatment.

I must confess that I don't like the name "Eclectic," although to those who understand the meaning of the word, it

expresses more fully the eclectic system of medication than any other we could suggest.

However, it is the name of our School, and like the rose that would smell just as sweet by any other name, we must be satisfied with it now.

See what the men of bones have done. Everybody knows of Osteopathy, a word without any true medical significance—a misnomer, for whoever heard of bones curing diseases!

We have allopathy, homeopathy and naturopathy—I would like to change the eclectic School to "Cureopathy," for the eclectic doctor really does more good for the sick than all the other systems combined, Christian Science included.

As you are well aware, the meaning of the word "Eclectic" includes all pathys; in other words the Eclectic System contains the best from all known methods of cure. Hence, the true Eclectic Physician must understand the principles and methods employed by the homeopath, allopath, osteopath, hydropath, and every other system of curing the sick, in order that he may be able to choose or select the indicated remedy.

Now with the dawn of the New Year, by the light of the morning star, let us prepare to spread the "Good tidings of Great Joy," and carry into every home, if it is only a leaflet with the words: "There are twelve thousand Eclectic physicians and surgeons in the United States and there are seven Eclectic colleges." Or, indeed, some literature bearing upon the principles of the Eclectic School of Medicine, "in order to give the general public" some idea of our methods of curing disease.

Dr. John Fearn once said: "The fundamental principles of the Eclectic School of Medicine are: Cure your patient quickly, cure him pleasantly, and last but not least, cure him safely."

I believe these are the thoughts in the mind and heart of every true Eclectic physician; and I am sure the public would desire to know and employ such a physician if they only knew of him.

In this day and age you have to tell the people what you have for them. They are ready and willing to give you a trial, and if they prove you to be what you represent yourself they will stand by you.

Now we have a good journal, one I am sure we can be justly proud of, and I am going to take the liberty of making a suggestion to its esteemed editor, even if I am rebuked for my impertinence. I would suggest that a part of the journal be set aside for articles which would be interesting to the

laity, and in this way get the sympathy and attention of the general public on the side of Eclectic medicine.

Those families who employ an eclectic physician once, will not tolerate any other in their homes; this you well know.

Some years ago a minister of the Christion Church of Denver was on a visit to Santa Cruz, my location at the time. This Reverend gentleman inquired at every drug store in the city for an Eclectic physician, and was informed that Santa Cruz had no Eclectic doctor. However, he happened to stumble across a friend of mine who gave him my address. I asked why he was so particular to find an Eclectic. He informed me that during a severe illness, he had seven or eight physicians of various Schools to treat him, some of whom were members of his church, but he continued to grow worse. When near death an Eclectic was called in, and in three weeks he was able to attend to his ministerial duties. Ever since that time he had employed an Eclectic physician for self and family He was a very intelligent man and understood the fundamental principles of specific medication and knew a good deal about specific medicines and how to apply them.

Now all we need today is an intelligent exposition of the principles of the Eclectic School of Medicine. The people are educated, are free minded, and are anxious to know more of themselves and of intelligent means of restoring the body to health when diseased. Because of these facts, I think it would be a wise policy to devote part of our journal to, say: "Hygiene of the Body," with special articles setting forth Eclectic Medicine, sandwiched in between. In this manner our Journal may become a power in the land, and a harbinger of health to the many who need a little help from time to time. Our college, also, may be advertised; in this way the path is paved for our students when the time comes for them to start practice in some town or city.

It may be asked: "How are you going to introduce this journal to the people?"

Simply through the doctors. Each physician would distribute, say, 25 or 50 copies of the journal to the intelligent thinking people of his district. In this way he is advertising himself and helping the people at the same time. Let every physician who subscribes to the Journal send his order for, say, 25 or 50 copies at ten cents per copy, would be $2.50. This $2.50 may bring him hundreds of dollars.

This proposition is so self-evident that there is no need for further explanation. Let the subscribers send in their orders and the cash, the editor will supply the needed articles.

This is an age for united effort and the time has come

to be up and doing something for the cause of Eclectic Medicine which is the only hope for our suffering race. It is our most sacred duty to humanity to use every effort in our power to save and hand down to posterity what we know of medicine. Remember the lion of the American Medical Association is being chained at our college entrance to frighten students away from the path of truth. The thumb screws of the dark ages of intolerance are being prepared and the rack is ready for those who refuse to accept serum-therapathy; and state medicine stares us in the face.

With these facts before us, it is self-evident to every thinking Eclectic physician throughout the length and breadth of our free, independent land, that we must awake, and say, once for all, that the principles of our School are sacred as the throne of the Most High, and must and shall be sustained at all hazards.

If this were a prophetic age instead of a scientific one, I would indulge in a little prophecy regarding the future of the healing art; but enough for the present. Let every Eclectic in the country get to their guns—be sure to keep the powder dry—sharpen the sword of intellect and brush away the cobwebs from your consciences, that you may understand your duty and do it!

Remember there is a great battle to be fought for medical freedom in the near future and you and I shall have to face the enemy. So we must be ready, for we know not the day nor the hour we may be called to take our places on the firing line to do all in our power for the cause of suffering humanity.

Forty-five per cent of our race is sick and crying for bread. The Eclectic School has the bread of life, so to speak. Why, then, do we hide our light under a bushel? Is it not time to let that light so shine, when it will help the weak and suffering ones of our common humanity? I most earnestly appeal to every Eclectic in the land to awake from his lethargy and remember the good old saying: "To him that hath much knowledge, much shall be expected of him in that great day when men shall be called to give an account of their stewardship."

Now I wish to made a few suggestions for you wise ones to think over, regarding the work of the year 1912, which I believe will be most helpful to Eclectics throughout the country. I wish to mention the names of a few doctors who will contribute to the section of the journal on "Hygiene of the Body":

Dr. Munk—"Our college and the great need for Eclectic Physicians and Surgeons."

Dr. Hubbard—"First Aid to Surgery."

Dr. Barbriek—"Hygiene of the Eye, Ear, Nose and Throat."

Dr. A. P. Baird—"Simple remedies for the home and their indicated use in emergeney."

Dr. P. M. Welbourne—"Hygiene of the Skin and Face."

Dr. Willard—"Speeifie Medicine and why the Eclectic System of Medication differs from all other Schools of Medicine."

Dr. Harvey—"Hygiene of Chlidhood."

Dr. Fulmer—"The Science of Food."

Dr. Jas. Beard—"Hygiene of Motherhood."

The foregoing are a few of the subjects which may be treated in the journal, and which would prove of special interest to the laity, and would undoubtedly be of great benefit to the contributors—indeed it would be of incalculable advantage in every way. In fact the writers should pay the journal for the privilege of having their names to the subject under consideration.

One more thought, and I finish, promising never to inflict you with a paper again:

I would have a list of all the names and addresses of the Eclectic physicians in California published in the section of Hygiene, so that when a doctor sends a journal to anyone in his neighborhood, his name will be there; in this way doctors will be repaid for their trouble and expense in getting the extra copies every month. It may be objected that this would not be ethical, but I fail to see anything unethical about it.

I want 50 copies as soon as the Hygiene section is introduced. I cannot do better with $5.00. These copies I will distribute to my patients and friends. It will be a very cheap advertisement. Everyone has friends and if there is anything in the journal it will be passed on from one to another, until hundreds will read the copy intended for one. In this way our college can be made supreme in the land, for we have the goods.

CASTLE HOT SPRINGS, ARIZONA.

J. A. Munk, M. D., Los Angeles, Cal.

Of all the agreeable surprises that I have had in my travels over Arizona during recent years, none has been more pleasant than my first visit to the Castle Hot Springs—to find so much

excellence and elegance in such an out of the way place. I had heard of the springs for years, but never before had an opportunity to visit them. The place takes its name from the castellated appearance of the cliffs in Castle Creek Canyon through which the spring water flows. It is located in central Arizona, almost midway between Prescott and Phoenix, in the foothills of the Bradshaw Mountains and is one of nature's wild beauty spots.

The entire region is crinkled into a succession of huge hills and hollows that make the landscape appear very picturesque. Road building in such a country is a difficult and expensive undertaking, but it has been successfully done here, as well as in some other places and this is, perhaps, one of the smoothest and best kept mountain roads in existence. It extends from the Hot Springs Junction, a station on the Santa Fe Railroad, to the Springs, a distance of twenty-five miles. Conveyance is made between the two points daily, except Sundays, by automobile and the distance is easily covered in two hours. The trip is delightful, having much fine scenery and many curious desert plants all along the way. It is the natural home of the giant cactus which grows here to perfection and can be seen in an open forest of high trunks in every direction. The open spaces between these silent sentinels of the desert are filled with chaparral, composed of a variety of woody shrubs such as the mesquite, palo verde, manzanita, greasewood, cholla and ocotillo, together with much other less conspicuous vegetation that is all new and strange; and later in the season, flowers by the million of every shape and hue cover the landscape and show in great splashes of bright colors as far as the eye can see.

At the head of a box canyon, the hot water of these wonderful springs gushes from fissures in a granite rock in a score of places, that unites and flows in a considerable stream down the rocky bed of a side canyon, which faces south, into a small valley where the hotel buildings stand. The springs discharge 400,000 gallons of water during every twenty-four hours, and has a temperature of 122 degrees Fahrenheit, where it issues from the rock. It is a mild mineral water that possesses saline, alkaline and chalybeate properties with a trace of lithea. Just below the springs are two open air bathing pools of masonry and several well equipped bath houses furnish all kinds of baths. It is a pure palatable drinking water but is used for every purpose. That the water has decided remedial virtue is fully proven by the cures it has made and is especially useful in rheumatism, gout and kidney diseases. Long before the springs were made a health resort the water

was used for the sick by the Indians, miners and cattlemen.

The climate is exceptionally fine and is, also, an important factor in the cure of disease. It is a land of perpetual sunshine and blue skies, dry, warm, soft air, little wind and no dust. The atmosphere is, indeed, very dry, evaporation active and the heat not oppressive. The climate is suited to asthma, emphysema, bronchial catarrh, hay fever and anemia. The altitude is a good average of 2,000 feet above sea level and 500 feet higher than Phoenix. The elevation is sufficient to gently stimulate the circulation, which puts hemoglobin into the blood and gives sparkle to the eye and color to the cheek.

A fortune has been spent in improvements and the place is provided with every modern convenience. The rooms are clean and comfortable and have steam heat and private bath. There is an electric light and ice plant and a superior steam laundry. Amusement is furnished by a billiard room, tennis court and golf ground and made trails lead over the hills for walking and horse-back riding. The cuisine is diversified and daintily served and everything about the place runs as regularly as clockwork. Many different kinds of shade trees are grouped about the grounds and the orange tree and palm flourish. The shrubbery attracts the birds and I saw at various times hopping among the branches the robin, cactus and canyon wrens, Gila woodpecker, bluejay, crimson flycatcher, Arizona hooded oriel, purple finch and song sparrow; but the English sparrow does not yet pollute the place.

The Castle Hot Springs is open for business only during the fall, winter and spring months, from November to May. It caters to the wealthy tourist trade, but is not a dress affair and you are privileged to wear any kind of clothes you please. Neither is it overrun by a horde of cheap globe trotters and pleasure seekers, who travel only for show, to see and be seen. Persons who come once usually come again for a prolonged stay. It is a place for quiet seclusion and rest and is, indeed, more of a rest retreat than a pleasure resort.

The property in incorporated and belongs to a company, but Frank M. Murphy is its active and responsible head. He is a well-known business man, the president of a railroad and owner of several paying mines in the vicinity of the springs; and has been engaged in developing Arizona for many years. Florence Stedman, who formerly had charge of the Holland House in New York City, is manager and has brought the hotel service to a high standard of efficiency.

Persons who are in need of a vacation and are thinking of taking an outing where they can enjoy the freedom of the open air and yet have some of the comforts of home, will

find this an ideal spot for their purpose. And who does not need an occasional change if for no other reason than just to break the monotony of sameness? I make this suggestion as a hint to those who can take it.

I was informed that the management is now making arrangements for a summer season, to accommodate an increasing demand made by guests who desire to take the thermal treatment of hot air and water which nature here supplies so bountifully. Rheumatics, whose muscles and joints feel stiff and sore; anemics, who are thin blooded and cold; Neurotics, who suffer from pain and perverted innervation; and uremics, whose metabolism is imperfect and the kidneys over worked, are all fit subjects for this thermal treatment. They need to be thawed, roasted or sweated out and have their natural equilibrium and normal temperature restored. The heat feels good and the patient seems to crave it—and finds here a welcome asylum.

SOME UNREASONABLE BUT TRUE CASES.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

"Shoot a negro in the heel if you want to kill him," is a saying not without a semblance of facts as the following cases will show.

A doctor with whom the writer was acquainted told of this case: The doctor was passing a negro's house when requested to call to see a negro boy some fifteen to eighteen years of age. He found the boy suffering from "a rising" in the front of his head and one in the back about the middle of the occiput. There was no fluctuation, but as he had been called to lance "a rising" he cut into the one on the forehead and found it occupied by a very hard substance. The skin was cut away and a heavy pair of forceps drew the offending body out which proved to be the spindle of an old-fashioned spinning wheel some six or seven inches long and over a half an inch in diameter at the large end.

The mother stated that the boy slept near the front door and a storm of wind, some four or five days before the call of the doctor, had blown the door open, which had been propped by placing the spinning wheel against it and with such force that the wheel and door both fell on the boy and that "he had been suffering with the rising ever since." The strange part is that the boy continued to work and recovered without any further trouble.

A negro man requested the writer to go some six or seven miles to see his little son who had been shot in the top of his

head, the shooter using an old 32-caliber pistol. I told him if his description of the case was correct that he should return with a burial outfit instead of a doctor, as no one could help a case that was shot on the top of his head.

The man, after explaining and a good deal of reasoning, returned home but was back early next morning and stated that the boy was still living and that although he did not think anything could be done for his relief he would rather I would go to see him. I went and found the boy about three years of age. And as stated by his father, a bullet hole in the top of his head on about a line between his ears. A six-inch probe passed to its full length and showed the course was to the posterior part of the atlas. After pressing on the back of his neck, I decided that the ball could be felt but seemed to be movable. However, on pressing the tumor to one side and using more force, I felt a hard round body which proved to be the bullet and which was extracted through a deep incision made under a local anesthesia. The brain matter followed the leaden missile and was also discharged through the wound in top of his head. The boy made an uneventful recovery.

Recently an old negro woman called to see if she had a cancer on one of her great toes, or if it was a bad case of ingrowing toe nail. The toe resembled a turtle's foot, except the claws. It was nearly two inches broad and covered with large dry scales and pieces of the nail was sticking about as if they had been split off and inserted through her toe. I gave her a box of zinc ointment to be applied through the day and instructed her to apply a strong peach tree poultice at night for several days and then report again. Under this treatment all of the rough scales and pieces of nails were gathered up leaving the toe reduced very much and she had discovered something protruding from the end of the toe, which proved to be a pine splinter, fully two inches long and one-eighth of an inch thick. The old woman could give no account of its insertion and only knew that her "toe had been ailing for about twelve months."

A BRIEF STUDY OF TWO MINERAL REMEDIES.

By J. F. Willard, M. D., Los Angeles, California

In the years past it has been quite common among both the profession and the laity to think of Eclectics as "Herb Doctors," of Allopaths as "Mineral Doctors," and of Homeopaths as "Little pill Doctors."

This impression as regards Eclectics, has given place to a more correct understanding in recent years, though even yet

the true principles of Eclecticism are not fully understood, either by the public at large, or by hundreds of physicians of the other so-called schools of medicine.

Eclectic means "to select," "to choose" and the founders of Eclecticism, Direct or Specific Medication, claimed the right or privilege to select the best possible remedies, means and methods for the treatment and cure of disease, and the relief of the sick and suffering; and we as a school of medicine exercise that privilege to the utmost ,and thus have been enabled to develop such a broad, liberal, progressive and successful treatment for the sick, that our colleges are today unable to supply even the shadow of the demand made on them for Eclectic physicians, this being evidenced every day by the calls received by our dean, Dr. Munk, for Eclectic doctors for good locations, to which calls there are few or none to respond.

True it is the Eclectics were the first to wage a "Holy war" against the abuse of powerful and poisonous minerals and drastic drugs, as medicines, by the Allopaths, as well as the abuse of the Lancet, Escharotic and Vesicant in the treatment of the sick, and the unholy torture of thirst during the run of a fever. Equally true it is they protested against many of the truths of the Homeopath, especially the "greater the dilution the higher the potency" theory. Yet true to their privilege. Eclectics have taken the powerful mineral and drastic drug of the Allopath, and the potency theory of the Homeopath, and modifying them according to Eclecticism, and applying to them the rational and scientific principles of Direct or Specific Medication, they have added to the Armamentarium of the physician, and strengthened the Vis Medicatrix of the sick.

With this preface I wish to call your attention to two mineral remedies, not new by any means as they have been many years in use, and that a better study may be given them by those who may think kindly of them, I will discuss briefly the proper preparation and therapeutic uses of Silica Oxide and Potassium Phosphate.

Silica Oxide is an old remedy, and by a minority of practitioners of different schools has been, and is considered, of great value. Yet it is comparatively unknown and not in general use. We will consider first the preparation which gives to its greatest value as a remedy. Properly prepared, it requires three hours' work with strong arm, mortar and pestle to give it the quality it should have. By this means it is ground into an exceedingly fine powder and thoroughly triturated with sugar of milk. For administration the 3rd X is perhaps the choice in from 5 to 10 grain doses, in powder, on the tongue, with no

water. This, repeated four or five times a day, will accomplish great good in a great many wrongs of life.

To examine the man who works in clean earth with pick or shovel, or with plow and harrow, will be a good, natural application and physiological clinic. The horny hands of the field toiler, his bronzed face, and the skin beneath his undergarments, all show an active and healthy proliferation of integument seldom found in other walks of life. With this note the development and muscular tone, and to carry it still further, recall to your mind some facts in Embryology and Histology regarding the unfolding of the Ectoderm, and the development of the Nervous System, the teeth, hair and nails.

Now for Pathology. You find the hair brittle, harsh and untidy; it appears split, broken and coarse; the skin hard, harsh and dry in the same ratio; nails show same brittle, harsh inclination, and split and break; the teeth of a child are dwarfed, wrong of color, and easily broken; or are decayed and crumbling; the nervous impressions are morbid, supersensitive and peevish; very sensitive to pain, even small wounds and slight scratches, abrasions or bruises, being complained of, and healing quickly. There is a wrong of muscular development, a lack as it were of striated muscle tissue; the tone seems impaired, and the voluntary muscles seem flabby and stringy, not seeming to contract perfectly under the will, as if they would give way before complete contraction. The heart muscle seems not to have the amount of contractile fibre necessary, and shows it by imperfectly filling the arteries, and there is therefore not a pronounced pulse wave. These are the Specific Indications for Silica, and in such conditions this remedy will be found of remarkable value. The Specific Diagnosis calling for this mineral, and the pathological wrongs requiring it can be easily and profitably studied by every Eclectic.

Another mineral remedy which should be called Eclectic is Potassium Phosphate, an old, tried, faithful and valuable remedy. When the Specific Indications call for an Alkali, the peculiar bluish tint of the pallid mucous membranes point to Kali Phos as the remedy. This is when the body cells require nutrition. There is a lack of nerve force, a lack of precision, a lack of determined action. The brain cells are slow to bring about a conclusion. The mind lacks force, is easily fatigued, will not hold out for a continued, determined effort. There is a lack of tone to the muscular organs; the muscles are slow in action, and respond in the same ratio as is the lack of impulse in the Neurone. The Organs of Special Sense do not respond quickly. Nervous impulses generally are slow and sluggish, and the student is unable to either readily grasp, or retain the essential elements of his studies, and is listless and stupid.

When the peculiar bluish hue of the mucous membrane of the tongue is present, indicating a lack of the Potassium salt in the blood, the wrong of life found will not be improved until this salt is administered. In such conditions, Potassium Phosphate, when supplied, gives nourishment to the nerve cells; and greater nervous energy and cellular reproductive power, greater functional activity to the entire body, is the result. When every sensory nerve in above conditions seems groaning in agony, it will give relief from the pain, soothe, quiet and strengthen. A personal experience with this remedy in Locomotor Ataxia and Cerebral disturbance, may not be amiss here. The case was concussion of the Central Nervous System, the result of injury. Constant pain, in the head especially, and a peculiar, painful condition of the peripheral nerves of the whole body, which caused the patient to be almost constantly moving, to get some relief. In walking he must watch his feet to move them co-ordinately, and prevent falling, and was fast reaching the stage of the wheel-chair as a means of locomotion. The patient was put on Potassium Phosphate 3 X, 5-grain doses of the powder, dry, on the tongue, every waking hour. In three weeks the severe head symptoms and pain of the extremities had disappeared, together with so much of the Ataxic symptoms, that the patient was able to walk, as he said, "without falling over his feet." The remedy was now given 10 grains every four hours, and after four months the patient was able to go to his work. This is but one of several cases in which this remedy has served me well, but it is cited as the best illustration, as the case had, before coming to me, been under Allopathic treatment, and had gone through the Strychnine, Phosphorus, and Kali Iodide routine, gradually getting worse all the while.

The preparation I recommend is the 3 X trit., prepared in the same manner as given for Silica, and given in from 5 to 10 grain doses of the powder, repeated every four hours ordinarily, oftener in special cases, as may be indicated. I am inclined to believe the remedy, to give the best results, should be given dry on the tongue, no water or fluids taken for at least 10 minutes after administering the dose. It seems a more rapid, positive and better effect is obtained in this way than by diluting the remedy and washing it into the stomach with water. In closing, I wish to say: When there are indications for Phosphate of Potassium, it is not good good practice to substitute Sodium Phosphate, and again, in administering any Phosphate it is well to know there is not an excessive secretion of HCl. at the time it is given, if the remedy is to go to the stomach. Now, whether these remedies are Eclectic, Regular, Homeopathic or

what not, our study of them serves to truly illustrate the following Eclectic facts: That, from the earliest days of Eclecticism to the present, we have had these definite objects in view—that of direct Medication opposed to a special pathological condition; the development of a rational and scientific treatment of the sick as opposed to fads and fancies.

VACCINATION BY CAUTERIZATION.

By Hector Alliot, Sc. D., Los Angeles.

Without regard for the practical value of vaccination, but considering only the methods of application of the virus, recent reports of military surgeons present some curious statistics.

For a number of years the complaint has been general in European armies that the proportion of successful vaccinations was decreasing. In the years from 1900 to 1905 but 40 per cent of soldiers vaccinated exhibited any effects whatever; 1906-1911 the ratio was perceptibly smaller, as only 22 per cent of the men inoculated manifested any of the well defined symptoms.

Further inquiries among large industrial establishments and public schools showed a similar diminunition, confirming the army surgeons' observations as to the increasing number of unsuccessful vaccinations.

Dr. de Libessart, major in the medical department of the French army, has just presented to the Academy of Medicine a lengthy report of his investigations of the subject, which casts a new light upon the practice of vaccination, the application of the virus, and the efficacy of a new method which he has devised. Since the Libessart system is likely to meet with favorable consideration, it may be of some interest to readers of the Eclectic Journal to have it first presented here.

It is likely that many a practitioner unfamiliar with the new method would be puzzled at the sight of a Libessart vaccination pustule.

Major Libessart has shown that many failures of inoculation were due to the general practice of sterilizing the exposed skin areas on which the scarifications were to take place. The sterilizing agent in contact with the virus neutralized it and rendered it ineffective. To obviate this he devised the new method which bears his name.

Instead of washing the skin with a sterilizing fluid, Dr. Libessart uses hot water only, drying it afterwards with an antiseptic cloth. With a thermo-cautery heated to a dark red color he then slightly burns the skin at three points, applying

the lymph immediately on the burns with a metallic pen, a new point being used for each case. The wound is then allowed to dry for five or ten minutes.

The burn is so slight as to be no more painful than the prick usually resorted to, and it precludes loss of blood, which often carries away with it the vaccine. So far as observed since the introduction of this new method no complications of any kind have arisen. Its practical efficiency is remarkable, for in 1000 cases treated fully 45 per cent were successful, while of 1000 cases treated at the same place and time (the recruiting barracks of French infantry) by the old method only 19 per cent were efficacious.

EN ROUTE.

Washington, D. C., Feb. 13, 1912.

Editor C. E. M. Journal:

A few notes on a trip from Los Angeles to Washington might be interesting to your readers. We left Los Angeles on the afternoon of January 31st, on the Sunset Express, bound for New Orleans. It does not require much time when once on train, to realize that a strike is on the Southern Pacific—that the engines are now in inexperienced hands. Before we reached Pomona our engine took a notion to blow its own whistle, and for miles we raced through the country droning a melancholy and prolonged blast from our locomotive, in spite of repeated attempts to abate the nuisance. Finally, at Redlands Junction, some bright mind conceived the idea of wrapping a wet sack around the offending apparatus, and we afterward proceeded with less offense to auditory nerves. The third night our engine became crippled and we crawled along at a rate of about ten miles an hour, reaching Houston six hours late; no new record, however, for the Southern Pacific.

The trip, however, was interesting. The Salton Sea, which lies many feet below sea level, and the highest bridge in the world, the High Bridge, crossing the Pecos river in Texas, were notable points of interest. We reached El Paso about the time—or a little after—the insurrection of troops at Juarez. A race track man, who owned a string of horses at Juarez, was on the train, and in a fever of excitement for fear the Mexicans would confiscate his racers. It seemed as though he worried more over his horses than about his wife and children, who were quartered near the tracks. Arrived at El Paso, a contractor of that place took our train in something of a panic, though both himself and wife were too drunk to appreciate the gravity of the occasion, the better half, by the way, being the worst

off. She was carried on the train helpless but soon rallied enough to call for more Schnapps and managed to keep the car in an uproar until we crossed the Louisiana line, where they finally arrived at their destination. In Texas and Louisiana, it is a penal offense to buy, sell, or even drink intoxicating liquors on a railroad train; but these people violated the law at least every half-hour for two nights and nearly two days. They seemed to have a suit-case full of the "Oh-be-joyful" with them.

We crossed the Mississippi River after eleven o'clock at night, something more than six hours late, and arrived in New Orleans after midnight, to find the hotel of our selection filled to overflowing, in expectation of the Mardi Gras. If I have not spelled this correctly, please spell it to please yourself. We managed with a makeshift until morning, then drifted down into the French quarter, where we found a clean room and bed, an old-fashioned fireplace and "homey" surroundings, where we remained during our stay.

New Orleans is, according to its citizens, the "finest city in the world;" but to Californians it appears squalid and dirty. It might compare with Pittsburgh, possibly with lower Cincinnati; but it cannot compare favorably with Los Angeles, San Francisco or Oakland. Some parts of the new or American residence section are fine, but as a city of beauty it seems to me below par. The novelty of a large city, whose streets are several feet below the river level, is striking, to a stranger. On a steamer on the river, the first story of the houses is hidden by the bank or levee; and, by the way, the levees are the points of greatest concern. They dote on them and pin their faith to them. Without them the city would be standing in the midst of a mighty lake, no one knows how large. Lake Pontchartrain, which is only a few miles from the city, is a large body of water, limitless to the vision, and on a level with the Gulf of Mexico; yet New Orleans is but one step higher. The sewerage of the city is now carried to the levee and pumped over it into the Mississippi. Formerly, it was carried, in open ,sluggish canals, to Lake Pontchartrain. No wonder yellow fever raged there in hot weather. They now assure us that yellow fever in New Orleans is a thing of the past. Let us pray that such is the case.

The great boast—the great pride—of New Orleans is its cemeteries. The sight-seeing car, after a stop at an old Absinthe house, an old church or two, and the old slave market, hikes for the cemeteries. It is evident at once that this city has been "a shining mark" in the past. Its City of the dead seems nearly as large as its city of the living. It ap-

pears to me as though there were hundreds of acres of cemeteries.

In early times the ground here was too full of water to permit the digging of graves, and interment was made in tombs or vaults, constructed above ground. The poorer class have to be contented with brick "ovens" or compartments, many of them built in the enclosing walls of the old cemeteries, while the better class of tombs consist of more or less pretentious hewn stone and marble mausoleums. Metairie Cemetery is a magnificent array of marble resting places for the dead. No one can buy a lot here for less than five thousand dollars and tombs cost from twenty thousand to a hundred thousand dollars each. Many a notable person, so far as interment goes, lies here, unknown outside the inclosing walls, whom posterity will know only by a visit to the spot.

On the way to the cemeteries one may, by diverging slightly pass through a City Park containing some fine drives, monuments, statuary and shrubbery, though no foliage comparable to that of our state exists there. The "Dwelling Oaks" are here pointed out, where the blue-bloods of the city and surrounding country once resorted, for the purpose of puncturing and perforating one another "with honorable intention."

On the way out we passed the Medical Department of Tulane University, one of the prineipal medieal colleges in the South, and aeross the street from it, a less pretentious building, in which is conduеted a medical school for negro doctors.

A broad thoroughfare, Canal Street, divides the city into the new, or American part, and the foreign, or Franco-Spanish quarter. Along the center of this street onee led a canal, reaching from the river to Lake Pontehartrain. General Butler, so it is said, caused this eanal to be filled up during his dictation of affairs.

On the Ameriean side are many handsome residences. Along St. Charles Street one sees the Lee Monument erected to the memory of General Robert E. Lee, of Confederaey fame; Tulane University; Audubon Park, named after the famous naturalist and ornithologist; notable public buildings and palatial residenees of prominent New Orleans business men.

We devoted part of an afternoon to a visit to Chalmette Monument on the side of the battleground of January 8th, 1815, where "Old Hickory," with his three thousand Kentueky and Tennessee riflemen put to grief the fifteen thousand veteran soldiers of General Paekenaham. The monument is about 150 feet in height, fashioned after the plan of Bunker Hill Monument, and is worth seeing and climbing. It stands

where Jackson's flag was planted during the battle. On the way down one passes several old plantation houses, with pillared verandas, reminding one of the pompous days of the slave holding gentry during ante-bellum days, and the largest sugar refinery in the world.

The Southern Pacific Railway Company issues a little booklet expatiating on the charms of "Winter in New Orleans," but to a Californian the climate is anything but charming. The air was so cold that noses and ears appreciated the stinging wind keenly. We needed mufflers badly, and feet and hands, though well covered were numbed by the cold; and we saw cakes of ice at least an inch in thickness which had been broken out of the horse-troughs the morning of our auto-trip. Doubtless people from the North, West and East, away from the Pacific Coast, would call the climate pleasant winter weather, but we called it "tough." We needed a good fire in the grate at home, and we "snugged up" to it too. When we were out we had to stir mighty lively to keep the blood in circulation.

To those of my readers who may sometime contemplate a trip to New Orleans, I say, by all means go, and stay a few days if the season is winter. See the city once. then stay away, for there are better climes.

The idea of New Orleans as a site for the Panama Exposition seems odd, to say the least. The hotel facilities are entirely inadequate, natural attractions are meagre, and surroundings commonplace. They bear no comparison with those of San Francisco.

We have now passed nearly a week in Washington, but feel incompetent to write any description of it. One must visit Washington to appreciate it, and stay months to know it. Suffice it to remark that it is creditable as the Capital of the grandest nation in the world.

Visit to the Washington home at Mt. Vernon; stately Arlington, the old Custis-Lee Mansion on the Potomac across from the Capital: the Capital; Congressional Library; Treasury Building; the Monument, more than 555 feet high; the White House; Art gallery; the vast parks with their noble statuary and historic names; and many other scenes of interest, inspire one with pride in the history and grandeur of our Great Republic.

H. T. WEBSTER.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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OUR SOCIETIES.

Within the next few weeks we shall be having the annual meetings of our various societies.

The officers are hastily engaged in preparing for these events during the entire twelve months, but it is only with the advent of the lazy springtime that the membership hear the call to "wake up and take notice." Sometimes we suspect that the present time for annual meetings is not a judicious one —but that is not the point.

The question is, what are you going to do to help? Write a paper on a practical subject and bring it to the meeting yourself is the right thing to do. Come out and help build up a strong working organization. You need it, we all need it.

The necessary stiffness of moral fibre that it takes to make a good Eclectic, also makes a man independent—both very desirable characteristics, by the way. But to have a strong organization it is necessary for you to personally become a member, to put on the harness and go to work. If you don't like the way your society is being run, get to work and change it—but don't kick. Kicking is a bad habit; moreover, it hurts your toes. However, if you must kick, come out anyway and get it out of your system. You will feel better for it.

The main thing is to get busy on that paper and make your preparations to read it yourself.

CANCER AND SARCOMA; THE EARTHWORM, THEIR ORIGINAL HOST.

By H. D. Walker, M. D., of Buffalo, New York.

The subject of malignant disease, from the earliest times down to the present, has been one of the greatest mysteries with which the medical profession has had to deal. Many and various have been the theories brought forward to account for its deadly ravages. That it is steadily increasing, year by year, statistics show beyond a doubt. I have been at work on this subject for nine years, and believe I solved the problem, and that I have sufficient proof to demonstrate that cancer is a parasitic disease and that the earthworm is the original host of the parasites which cause it. There is nothing unreasonable in this theory. It is along the same lines that many other diseases are known to be transmitted. In the human family, the parasites of malaria and yellow fever are conveyed through the urgency of mosquitoes. Bubonic plague, through the rat and flea. Trypanosomiasis in man, by the tsetse fly. Kala-azar (black fever), is believed to have the bedbug as its intermediate host. Typhus fever of Mexico is supposed to be conveyed by the body louse. The common house fly is thought to be instrumental in conveying typhoid fever and perhaps tuberculosis and various other diseases. Among animals we have piroplasmosis, a deadly disease affecting cattle, dogs and sheep. This disease is transmitted through the agency of ticks. The haemosphoridia, besides the malarial parasites in man, occur in many species of birds, reptiles, amphibia and fishes. Various species of mosquitoes are the intermediate hosts in the case of birds. Every few years new discoveries are made showing that diseases the origin and cause of which were unknown, can now be classed among those caused by parasites. Earthworms have for many years been supposed to be not only harmless, but of great benefit to agriculture by working through the soil, bringing it from below to the surface, where, after passing through their intestines, the castings were deposited on the ground in the form of vegetable mould. This was largely dwelt upon by Charles Darwin in his last work, "The Formation of Vegetable Mould Through the Action of Worms." Let us look at the earthworm from another standpoint and we will find they are not as harmless as they were formerly supposed to be. On careful examination under the microscope of an earthworm cut up in a little water, we find a great variety of parasites, and different species of worms vary in the kinds of parasites they contain. The life history of many of these has never been worked out, but some of them are well known. Twenty-seven

years ago, through a series of feeding experiments I proved that the earthworm was the intermediate host of the gape worm of fowls, a parasite which destroys great numbers of young poultry and game birds every year. In the present investigation I found several of my experimental miee contained hydatid cysts of the liver, and the taenia eehinocoeeus, from which these eysts were derived, was found in the earthworm, Allolobophora foetida. Birds and poultry doubtless become infected with the hydatid through eating these worms, and perhaps the taenia may be left by the worm on vegetables and grass and thus become conveyed to man and the herbiverous animals. When I first commenced my search for the origin of cancer, in 1901, I found that various authorities agreed that it was far more prevalent along rivers, low grounds and marshy places, than on high, dry ground and mountain ranges. This is well brought out by Behla's observation in the town of Luekau, Germany, whieh has two suburbs, one on the east ealled Kalau, and one on the west Sando, each having a population of about 1000. The people in each of these suburbs lived on the products of their farms and gardens. In twenty-two and one-half years, from 1875 to 1898, there was not a case of eancer in the western suburb, Sando. In Kalau there were seventy-five deaths from caneer out of six hundred and sixty-three deaths from all eauses. Cancer, therefore, caused about one-ninth of the deaths here, and none whatever in Sando. The land in Kalau was very low, level and damp, while that in Sando was high, dry and sandy. There was a ditch containing foul, stagnant water, which passed through the whole of Kalau, all of the gardens of whieh were watered from this ditch, the water of which was used also to wash their garden vegetables. Behla believed that cancer followed this ditch and that the water used to wash the vegetables infected them and eaused the disease. Here we have the strongest kind of evidence that the disease was derived from some external cause, probably a parasite, whieh lived in either the water or the damp soil, for the manner of living of the people was alike in all respects, exeept this difference in the water and also in the soil which they cultivated. On eonsidering the foregoing observations, it seemed to me highly probable that the parasite of eaneer, if there was one, would be found in some animal or plant living on low, moist ground. On reviewing the vegetable kingdom, I could find nothing which seemed likely to serve as their original host. On looking over the lower forms of animal life, I was strongly impressed with the idea that the earthworms are far more abundant in low, moist places than on elevated grounds and dry soil. I then procured some earthworms, and on eutting them up with

a watch glass with a little water and placing them under the microscope, I found plenty of bodies, which on superficial examination resembled fat. They were exactly like bodies which were found in tumors many years ago and were then believed to be diagnostic of cancer. Illustrations of these can be seen in the last edition of the Micrographic Dictionary, plate 38, Figs. 16 and 17, from cancerous tissue. To find out whether these were the parasites or bodies which produced cancer, I determined to feed them to and inject into animals and see if they could be infected thereby. The animals used in these experiments were white mice, guinea pigs, Belgian hares and dogs. The experiments extended from the spring of 1901, to that of 1908. A paper was prepared detailing these experiments in full and read before the Buffalo Academy of Medicine, on the 17th day of November, 1908. This has been published and disributed to the profession. The results in white mice and Belgian hares were excellent. Many tumors were produced in various organs which had all the characteristics of cancer and sarcoma and killed the animals. Some of these tumors were pronounced cancer and sarcoma by good pathologists. It was found that different species of earthworms produce different kinds of malignant disease. The earthworms, allolobophora foetida, contains the parasite which produced carcinoma. The large earthworm, Lumbricus hereulus, commonly used in biological work, has the parasite which cause small, round and spindle-celled sarcoma. All earthworms and also species of worms which belong to the same order, the Oligoeheta, and live in fresh water, lakes and rivers and on the shores of the ocean, contain these parasites in countless numbers. Each species of earthworm contains a slightly different species of these parasites. **I have produced cancer in fish, by feeding them worms and there is no mystery to solve concerning the manner in which trout and other fish get cancer, for they can easily procure worms which contain these parasites in the water in which they live.** The disease is contracted, in the human family by eating vegetables, such as cabbage, celery, lettuce, etc., upon which earthworms have been feeding. The parasites pass out through the external surface of the earthworm on to the vegetables and enter the structure through the stoma of the plant. Here they remain and multiply until the leaf is eaten or dies down and passes into the soil, from which the parasites may be again taken up by the earthworm. I will state here two propositions which I believe will be found to be correct. NO EARTHWORMS, NO CANCER; PLENTY OF EARTHWORMS, PLENTY OF CANCER. Florida has very few earthworms and very little cancer. In

the census of Florida, for 1905, I find there are forty-six counties in the State and twenty-four of these counties having a population of two hundred and eight thousand, seven hundred and thirty-three, had a mortality of eight hundred and seven. None of these died of cancer. In the remaining counties, which included some of the largest towns, there were sixty-six deaths from cancer. How many of these, if any, had been permanent residents of Florida I do not know. Many go down there from the Northern States and may have been infected when they went there. Some of the oldest physicians in Florida have told me that they never knew any of the permanent inhabitants of Florida to have cancer. Compare this with the mortality in Western New York, where earthworms are common. In the census of 1907, the deaths from cancer were as follows: In Buffalo, one out of twenty-one deaths was from cancer; Rochester, one in eighteen; Jamestown, one in fifteen; and Ithaca, one in fourteen died of cancer.

The destruction of earthworms can be readily accomplished by means of a solution of common salt, or lime or wood ashes, as explained in my pamphlet, and then this terrible disease can be prevented. I trust my experiments on animals will soon be repeated in the cancer laboratories and when confirmed the work of destroying the earthworms will be undertaken, which will be of far greater importance, and save many more lives than the destruction of mosquitoes for preventing malaria and yellow fever.—American Journal of Dermatology.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, D. C., June, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1912. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on February 6th at 8 P. M., at the College.

The President, Dr. Hubbard, being unavoidably absent, Dr. Barbrick presided.

The minutes of the previous meeting were read and approved.

The names of Drs. Holman and Roath were presented and both were elected to membership.

Dr. James Beard read a paper entitled "Eclectic Medicine" which was discussed by Drs. Munk, Rheinsemidt and others.

The paper at the next meeting on March 5th will be read by Dr. A. P. Baird.

Adjournment.

P. M. WELBOURN, Secretary.
B. R. HUBBARD, President.

A FEW MORE WORDS FROM THE PRESIDENT.

We are looking forward to seeing you all at our annual meeting in May at the St. Francis and will be greatly disappointed if we do not. I desire that each and every one of you constitute yourself as one of the constellation in the American banner of Eclecticism.

At this coming meeting we will have many interesting and instructive papers for you to listen to and from which you will derive much benefit and the knowledge which you will gain from them will enable you to put into practical use many new thoughts and suggestions, so you see it will more than pay you to attend.

As Eclectics, I ask you to all rally to the cause and help us make this meeting a pronounced success and you will return home much benefited from your trip by having learned new suggestions, new knowledge and new thoughts.

I am looking forward to greeting you all personally at the meeting. Now take my advice and be there and you will be rewarded by it in the long run.

ONWARD ECLECTICISM.

Yours fraternally,

H. VANDRE.

THE NATIONAL.

Last month President Stephens mailed a list of members with a strong circular letter of appeal, calling attention to the next annual meeting to be held at the Arlington Hotel, Wash-

ington, D. C., June 18-21, 1912, and asking each member to correspond immediately and give title of his paper to some one of the following section officers:

Materia Medica and Therapeutics.

Chairman, B. K. Jones, M. D., Kenton, O.; Vice-Chairman, E. R. Waterhouse, M. D., 1011 Dillon St., St. Louis, Mo.; Secretary, J. C. Mitchell, M. D., Louisville, Ky.

Practice of Medicine.

Chairman, V. Silo, M. D., 353 W. Fifty-seventh St., New York City; Vice-Chairman, E. J. Latta, M. D., Kenesaw, Neb.; Secretary, Emmet F. Cook, M. D., St. Joseph, Mo. (Long Building).

Surgery.

Chairman, I. B. Davis. M. D., Pontiac, Ill.; Vice-Chairman, O. C. Welbourn, M. D., Los Angeles, Cal.; Secretary, W. L. Heeve, M. D., 302 Summer Ave., Brooklyn, N. Y.

Obstetrics.

Chairman, M. M. Harvill, M. D., Nashville, Tenn.; Vice-Chairman, C. M. Ewing, M. D., Harrisburg, Pa.; Secretary, G. O. Hulick, M. D., 1412 St. Louis Ave., East St. Louis, Ill.

Gynecology.

Chairman, M. M. Hamlin, M. D., 5003 Page Ave., St. Louis, Mo.; Vice-Chairman, B. E. Dawson, M. D., 3220 Oak St., Kansas City, Mo.; Secretary, H. S. Lowrance, M. D., Chebanse, Ill.

Pediatrics.

Chairman, I. F. Wuist, M. D., cor, Fifth and Garfield Sts., Dayton, O.; Vice-Chairman, W. S. Turner, M. D., Newark O.; Secretary, Florence T. Truax, M. D., Atlanta, Ga.

Ophthalmology and Otology.

Chairman I. P. Harbert, M. D., Bellefontaine, O.; Vice-Chairman, R. C. Heflebower, 22 W. Seventh Ave., Cincinnati, O.; Secretary, C. S. Amidon, M. D., Mechanicsburg, O.

Physiology, Pathology and Bacteriology.

Chairman, L. H. Warner, M. D., 217 Jefferson Ave., Brooklyn, N. Y.; Vice-Chairman, J. P. Dice, M. D., Xenia, O.; Secretary, C. E. Laws, M. D., Fort Smith, Ark.

The Committee on Arrangements—Howes, Thompson and Scudder—have secured excellent meeting, committee and exhibit rooms at the Arlington, and a reduced rate of $2.00 per day and upward on the European plan, $4.00 per day on the American plan. A large and enthusiastic meeting is anticipated. Make your plans now to be on hand. The Arlington Hotel, Washington, D. C., June 18-19-29-21, 1912.

OBITUARY.

The Ohio Valley has been the cradle if not the birthplace of Eclecticism, and Cincinnati has always been the stronghold of the veterans.

We now note the passing of one who has been a strong man in our ranks therapeutically.

Lyman Watkins was born in Blanchester, Clinton County, Ohio, May 1, 1854 and died January 21, 1912, of diabetes. His father was Dr. Jonah Watkins, who became converted to Eclecticism early in his career.

Dr. Watkins attended the Ohio Wesleyan University at Delaware and graduated from the Eclectic Medical Institute in 1877. He has been President of the Ohio, Cincinnati and Southwestern Medical Societies, and an active member and attendant at the National.

For twenty-one years he was an active member of the faculty of his Alma Mater, holding the chair of Physiology. In 1895 he wrote a compendium of the practice of medicine. In religion, he was a Universalist, and in fraternal circles a 32 Mason and a Knight of Pythias.

He was a very companionable man and popular with both physicians and students.

His happy disposition in teaching and medical conventions made his work fruitful. He was quick in debate and sound in judgment. His society and journal contributions were above the average and much sought after.

In 1877 he married Lida Baldwin, and had three children, two of whom, with his widow, survive him, Anna C., and his son Raymond, who graduated from the E. M. College in 1911.

Dr. Watkins was a strong character and will be much missed in Eclectic circles in Ohio.

COLLEGE NOTES.

Herbert T. Cox.

On Monday evening February 5th, the Student Body held its regular meeting, at which matters of interest to the students were discussed. The feature of the evening was the reading of the two papers. One by Mr. Sprelin on Hydrotherapy, which covered the subject well, reciting the history of the application of water, its different modes of application, and the specific indications. Mr. Calloway, our new Freshman, Vice-President of the Student Body, read a very interesting paper describing thoroughly a Post Mortem in which the pathology was a large carcinoma of the intestines. He con-

cluded his paper by giving a brief outline review of the different theories of the cause of cancer, and views regarding its treatment. After each paper the students indulged in quite a lengthy discussion regarding the subject matter. This new feature is certainly going to make the Student Body meetings popular with all and profitable for every one who attends. Also it will prove a great aid in developing the much neglected literary talent of the medical student.

Projectoscope! Does anybody know what it is? Well, it is nearly everything when it comes to showing life-size anatomical specimens in colors, and histological, embryological, pathological and bacteriological specimens can be magnified until you feel as though you could meet Mr. Bacteria face to face and chastise him for all his deadly assaults upon your physical economy. NOW you do know what it is; NOW the Student Body is getting along nicely with a fund to purchase one but as a good one is expensive they will need some donations. NOW, Doctor is the time to get even with the fellow who taught you, by giving a little to this fund to aid in educating some one to fill your place decently when you get old. So sit down right NOW and write out a check to the college for prosperity's sake.

W. A. Dutcher, who is Coast Agent for Antiphlogestine, gave the Juniors an interesting talk on "Tuberculosis and its treatment."

Mid-term exams are all over and some of the boys hit the questions hard, and some of the questions hit some of the boys hard, (so the skeleton says), and he ought to know because he is always on guard. But never mind, just dig into it for three months now, boys, and keep your backbone as straight and your head as clear and level as his and you will get there in spite of his sardonic smile.

All the books and cases from the different rooms have been moved into one room which will from now on be used exclusively as a library and study room.

Prof. (Lecturing on Gastric disturbances and explaining mental and nervous effects on digestion). A strong hearty man is eating at a table, and he is told that his boy has been run over and killed, the shock causes loss of appetite.

Young Lady Student. That has happened to me several times.

Prof. (Pathology). What kind of a condition did I tell you yesterday caused a boring, twisting, penetrating, lancinating, agonizing, terrific, auger-like pain?

Student. Excuse me professor but I did not hear the last two words but I suppose you mean something very severe, do you not?

NEWS NOTES.

Dr. and Mrs. H. T. Webster of Oakland, Cal., made a flying visit to Los Angeles recently on their way East. They also expected to make brief stops at Atlanta, Ga., and New Orleans, La., and were to leave New York City late in February on a three-months Oriental journey. When here both were looking and feeling fine and anticipated having an enjoyable trip. Here is wishing them a pleasant journey and a safe return.

Dr. A. G. Stalnaker of Berkeley Springs, West Virginia, is visiting in Los Angeles. He has been a sufferer from rheumatism for many years and hoped to be benefited by a change to Outlook, Washington. However, the climate there did not suit and nothing seemed to help him until he came to Los Angeles. Since coming here he has improved so much that he intends to make this city his permanent home.

The article on High Frequency Currents by Dr. A. de Monico in the February journal reads as well in print as it sounded to those who heard it at the County Meeting. It treats of the latest discoveries in medical electricity and furnishes much food for thought to the electrically inclined.

Dr. H. L. Wells, an old-time Eclectic physician of Los Angeles, met with a serious accident one night recently. He went to call on a patient but being late could not see the street number. Being his first visit, he stopped at a house to locate the number and after making known his errand the man of the house stepped out of the door to show him the place; but, for some unknown cause, instead of doing so, jumped on the Doctor and threw him off the porch. In the fall he received a fractured arm and several minor bruises and scratches. He was fixed up temporarily at the Receiving Hospital and later sent out to the Westlake Hospital where he is now and doing as well as could be expected.

Dr. W. F. Holman has opened an office in the Broadway Central Building, Rooms 8-9, where he is conveniently located and prepared to do a big business.

Southern California is experiencing an unusually dry winter, less than three inches of rain having fallen up to the present time, out of an average annual precipitation of fifteen inches. The weather has been ideal for the tourists and the crowd of visitors that throng our streets are thoroughly enjoying it. The rains are later than usual this year, but will be all the more appreciated and do all the more good when they do come.

Dr. J. B. Conway of York, Nebraska, is spending the winter in Los Angeles with his wife and daughters. He and Dr. Munk were classmates at the old E. M. I. in 1869, but have not met since leaving college until recently. The meeting was celebrated by a luncheon at the Delmonico, where they spent a plasant hour talking over old times.

Dr. Sophia Billenkamp, St. Louis, sends us her subscription for the coming twelve months.

Dr. W. B. Church has removed from 628 Elm street, Cincinnati, Ohio, to 5th avenue and Ambridge, Gary, Indiana.

Dr. E. D. McKenney, Union, Oregon, sends in his subscription to the Journal.

Dr. U. C. Coe, Bend, Oregon, sends us his subscription for three years. Hurrah!

Dr. G. W. Harvey, Big Pine, is fitting up a sanitarium for patients desiring a mountain climate for pulmonary or digestive wrongs. The climate is such that living out of doors all the year is a pleasure, for the sun shines three hundred and sixty days out of the year.

The California Eclectic Medical Journal

Vol. V. APRIL, 1912 No. 4

Original Contributions

A PLEA FOR THE GENITO-URINARY.

I. V. Cole, M. D., Seattle.

Read before the Washington State Eclectic Medical Association.

The title of this paper is, at first glance, a little misleading. It is not an extenuation of the practices that lead to specific genito-urinary diseases or excuses for lapses of virtue.

To the general practitioner who never turns away a specific case, but prescribes and charges as big a fee as possible, meanwhile scorning to be classed in the same category as a Genito-urinary man, this paper is respectfully dedicated.

I once asked a professor in a medical college how he treated a case of specific urethritis. "Oh, just zinc sulphate and charge like H——;" he didn't say why. I again asked, for I thirsted for knowledge, how he treated Hunterian and other lesions, and he again answered, "Hurt them; make them jump to the ceiling and charge the limit." After questioning several hundred chronic specific urethritis cases for their history, the sameness of the story was marked. They had gone to their family doctor or a doctor and told their troubles, in the beginning. The family physician had moralized or laughed, written a prescription for Argyrol or silver preparation with methylene blue capsules and promised a "Sure cure. Ten dollars, please." Not improving very rapidly a return visit in ten days elicited another set of prescriptions just as expensive to get filled with no better results apparently. After a few weeks another physician is consulted with practically the same methods and like effect, and so on until the druggist and friends prescribe and hope is at last lost.

These cases will tax the patience of Job at this stage, but are curable if proper examination, diagnosis and specific treatment of the condition is instituted. Chronic cases are invariably strictured, have infiltrations, ulcerations, enlarged mucous glands, pockets that need treating individually or collectively and an enlarged tender prostate. Have seen several cases of venereal warts growing in the urethera that received treatment for gonorrhea. One in particular had the urethra so impacted for three inches that great difficulty was encountered in passing

a filiform boygie. This was treated by the eommon methods for two years.

My treatment for ordinary acute specific eases consists of hot irrigations at 110 to 120 F., with creolin solution or Lloyd's asepsin very mild, used once or twice a day at my office. Internal medicines are given as indicated symptomatically. Lloyd's Specifics usually having the first choice. Erigeron. Hydrangea, Gelsemium, Macrotys, or if urine has high degree of aeidity, aeetate of potash with plenty of water as a dilutent. After the acute stage has passed, gradually add one of the Zinc salts, the sulphate or Sulphearbolate or copper sulphate with a gradual increase in strength, but not enough to cause pain. After prostatic massage elicits no gonnoeocei, a gradual dilatation with sounds completes the cure, and it is cured to stay.

I use as a routine measure in both acute and ehronic conditions, pus tubes as well. Calcium Sulphide or the double sulphide of ealcium and magnesium in doses of one to two grains four times a day. The Sulphides induce intestinal antisepsis, inhibit pus and are tonie. Gonorrheal rheumatism is not compatible with the sulphides and never oecurs in a saturated patient. All cases need treatment that is tonie in charaeter, as a gonorrhea will pull a man down in weight almost as quiekly as typhoid. An old physician cured a particularly aggravated chronic after half a dozen young doetors had exhausted the Pharmacopea and used all the new tools that had been invented the last ten years by simply ordering eold douehes to the spine with a little nux internally.

Out of town work that eannot have- the office treatment usually get Calcium Sulphide, four grains a day with an injection consisting of Lloyd's Hydrastis, Kennedy's light Pinus Canadensis, Bismuth subnitrate glycerine and water combined in proportions to suit the case. This to be injected slowly by a blunt-pointed syringe and held in the urethra at least ten minutes after micturition. The more Bismuth in that formula the better. An old-fashioned but little used combination in the declining stage and sometimes very effective remedy in the old rounders who think they must have Santol oil or the balsams is Santol oil mixed to a stiff paste with powdered cubebs. Take a pieee the size of a hazel nut four to six times a day. All acute gonorrheas have yielded to the above treatment, or variations of the same, and the modern saying: "Once a gonorrhea always a gonorrhea" has no foundation in a properly watehed and treated subjeet. One might as well says. "Once the mumps always the mumps." because a testiele is permanently enlarged through careless treatment.

The real old chronie, discouraged, emaciated, God-forsaken

men that have made the rounds for a year or two until despair is written in large letters in the putty of their Balsam Copabia faces are the ones I welcome and give the glad hand. The first thing they get is a thorough examination to get at the foundation of their troubles. The bougie is the proper instrument to detect strictures, not a sound. Lubrication is with glycerine as osmosis and depletion is indicated in the male urethera as well as in female diseases. The average case is strictured in several places and usually has a contracted meatus, necessitating meatotomy. Urethroscopy reveals a pale, lifeless membrane with white, shining fibrous bands and an occasional red spot of an erosion. The mucus glands are enlarged and working overtime. The picture presented is plain enough; in the nasal cavities we would call it catarrh and treat it accordingly by toniçs, elimination and local applications. Palpation discloses the boggy feeling of a pregnant uterus with sometimes great congestive hypertrophy and tenderness on pressure. Microscopical examination of the prostatic secretion at this late stage is sometimes positive. I now tell my patient what I can do for him, approximately the length of time it will take and the cost, explaining that chronic cases need chronic treatment, or in other words, plenty of time to restore the weakened tissues and expect no miracles.

If we come to terms, I immediately start treatment by clearing the urethra of strictures. After filling the canal with 50 per cent solution of Enzymol (a solution of the gastric juice), a bougie with the negative pole of a galvanic current is now pressed gently against the constriction, and after a few minutes the obstruction is passed. An inspection of the bougie now will disclose a number of white, fibrous pieces adhering to it. They are the sad remains of the stricture. A continuation of this galvanism until the instrument passes freely through the entire length of the urethra, followed by gradual sound dilation every day, every other day or twice a week as is tolerated. Ulcerations are touched with pure silver nitrate melted on a wire and used through the urethroscope or wire speculum.

Individual toleration of urethral instrumentation varies greatly and undue discomfort and pain is carefully avoided. Jews and negroes are exceedingly susceptible to instrumental manipulations and are quite apt to take French leave after the first examination. I remember watching a friend of mine pass a sound into a very black African. After warning the patient that any movement on his part, even the wink of an eyelash would certainly mean instant death, a 26 French sound was selected and shot like a flash in and out of the bladder. The wild yell of pain and terror that victim emitted would have made a full grown cougar blush in shame.

COMMON COLDS.

P. F. Bullington, M. D., Chico, Calif.

What is a common cold? What does a cold signify? How may we prevent taking cold? What line of treatment gives the best results?

Acute cold is an infectious malady accompanied by a dry, swollen and congested mucous membrane throughout the general system.

The membrane of the nose is usually the first to suffer and is manifested by sneezing. The swollen condition of the membranes lining the nostrils and covering the turbinates obstructs the passage of air and we have mouth breathing as a result.

When the membranes of the throat and larynx are affected we have hoarseness as a manifestation of the trouble. If the membranes of the bronchial tubes suffer we have a dry explosive cough as a result.

If this congested state continues more than twenty-four hours it results in an inflammation of the various parts above mentioned when we have acute bronchitis, acute laryngitis and acute bronchitis, which is accompanied by excessive secretion of mucus and in most cases fever is also an accompaniment.

What does a cold signify? A cold signifies a weakened vitality, a lowering of the resistance of the vital force or if you please an opsonic index below par.

This may be due to one of many causes, or to a combination of two or more causes, such as digestive disturbances, over eating and drinking, or a lack of elimination of the poisons of the system due to constipation—in a word, autotoxemia.

A cold may be due to climatic changes, to exposure in cold, damp or wet weather, to going out too soon after taking a warm bath, to changing from heavy to light clothing and especially to going with wet and cold feet.

If we are used to living in over-heated rooms, and go out into damp or cold weather without first wrapping up well, we are most sure to take cold.

The most desirable temperature for the home in cold weather is from 65 to 70 degrees F. And for small children and old people as well as adults of low resisting power, the temperature should be kept even above 70 degrees.

Some would have us believe that bacteria are the cause of a cold, but this I do not believe; but on the other hand, I believe the bacteria found in persons suffering from cold are there as a result of lowered vitality; otherwise, colds would be more prevalent in warm weather when the air is teeming with bacteria of various kinds.

Another thought that is well worth consideration as a predisposing cause of colds in children, especially at the present time, when the schools are undergoing their mid-term examinations, is poor nutrition, due to over-mental exertion, loss of sleep and worry from fear of not successfully passing to a higher grade in their school work.

All of the above named causes tend to lower the resisting powers of the system, and colds are invited on the slightest exposure.

If one stands or sits in a draft of cool or cold air after taking a warm bath or changing from heavy to light clothing, or after violent exercise, the surface of the body soon becomes chilled, local congestion follows and a cold is the result.

How may we prevent taking cold? By right living; and in so doing, keeping the vital forces up to the limit of resistance.

Avoid the very things above enumerated as causes, and many others that will suggest themselves to you, such as excesses of all kinds. Keep exercising while exposed to cold or damp air. And if one lies down to sleep, they should be well covered, for the resisting power of the system is lowest while we sleep.

What line of treatment gives the best results? I have found an eliminative treatment to give the best results. The first thing to do is to open up the sewers of the system, viz: the skin, kidneys and bowels.

In the stage of congestion (early stage) give a saline purge. This will drain the system of its water and thereby set up active secretion and elimination. In the later stage, give a castor oil purge, or any good cathartic that will set up active elimination through the bowels.

The best treatment for an acute cold is a hot mustard water foot-bath, and Spc. Gelsemium gtt xx in a swallow of water on going to bed. This treatment seldom fails to break up the cold.

If coryza follows taking cold, give:

Rx	Spc. Gelsemium	ʒ ss
	Spc. Euphrasia	ʒ iv
	Aqua Chloroforma, q. s.	℥ iv
M.	Sig. Teaspoonful 2 hours.	

If the cold is affecting the larynx and bronchial tubes, give:

Rx	Spongia	ʒ 1
	Spc. Gelsemium	ʒ ss
	Spc. Sanguinaria	ʒ ss
	Syrup Simplex	℥ 1
	Aqua Chloroforma, q. s.	℥ iv
M.	Sig. Teaspoonful 2 hours.	

If the cold is affecting the lung tissues or pleura, give:

Rx Spc. Asclepias

Spc. Serpentria aa	℥ iv
Spc. Gelsemium	℥ ss
Syrup Simplex	℥ 1
Aqua Chloroforma, q. s.	℥ iv

M.

Sig. Teaspoonful 2 hours.

If there is painful cough add Spc. Byronia gtt x to any of the above prescriptions.

If fever is present, add Spc. Aconite gtt V to X. Where the pulse be full and bounding, add Spc. Veratrum gtt XX to the above prescriptions.

REPORT OF A SINGLE CASE OF ECLAMPSIA.

R. Munda Sinclair, M. D., Shasta Retreat, Cal.

Read before the California Eclectic Medical Society.

Patient married, of average previous health, history negative, age twenty-three years and pregnant eight months at time of attack.

The first convulsion occurred August 3rd, 1910, at Shasta Retreat, her home and family physician being in Redding.

There had been no unusual exercise except that the previous day she had walked two miles to Shasta Springs, having returned by train. Her family physician had never made a urine analysis, being disarmed by her apparent excellent health. Upon being summoned by a relative, I arrived before the first paroxysm had ceased; found her absolutely unconscious, the tongue impaled between her clenched teeth and frothing at the mouth. My first act was to hold a cloth saturated with chloroform to her nostrils, which soon relaxed her somewhat until the seizure had passed, after which she was left completely relaxed, livid, expressionless and unconscious.

Upon the return of consciousness a half hour later, she appeared thirsty, but not inclined to drink when offered water.

At this time I ascertained that the pulse rate was 130, full and bounding. I immediately administered moderate dosage of veratrum viride, at frequent intervals. I have since learned that the dose should have been much larger and would again, under similar circumstances, use from twenty to forty minims of the specific medicine.

A physician from Dunsmuir was hastily summoned and, early as expedient, her family physician. Nothing that we were able to do prevented a recurring seizure every two hours and ten minutes, extending over a period from 11:00 a. m. to 9:00

p. m., at which latter time she was in deep coma with sterterous breathing and with no return of consciousness since second attack.

As soon as it was possible to obtain urine by catheterization, we ascertained same to be heavy with albumen. As it was the wish of the family to await the arrival of her physician before attempting to deliver the child, we turned our attention to stimulating the skin and kidneys. Pilocarpin in small doses was administered by hypodermatic injection and with gratifying results, as the entire surface of the body became covered with moisture, breathing became more normal and the circulation somewhat relieved. We then used hot fomentations on the abdomen and gave an enema of normal salt solution; also gave one-half ounce of Epsom salts by mouth.

Upon the arrival of her physician and a trained nurse, we at once proceeded to the delivery of the child, using slow, manual dilatation of the cervix until natural labor pains commenced, when instruments were applied and the child delivered. During the delivery of the head another convulsion supervened which, in the opinion of those present, caused the death of the infant which was known to have been alive a few minutes previous.

After delivery, patient had no further convulsions, but remained in a comatose condition until 11:00 a. m. next day, just twenty-four hours after the initial attack.

Her subsequent questions revealed the fact that she had known absolutely nothing of the events of the preceding twenty-four hours, and even thought that she should return home for her confinement. She was free from pain and much less exhausted than might be expected.

Her convalescence was uneventful with the exception of two rather unusual hemorrhages, the first occurring on the tenth day and the other on the twenty-first day.

She is at present in excellent health.

A DEMONSTRATION IN MATERIA MEDICA.

J. A. Munk, M. D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

I have heard the statement made at different times is my life that the medicinal value of any plant was affected whenever it was removed from its natural habitat and transplanted into some new environment of soil and climate; and that the change caused it to deteriorate. It is easy to say this, but is it really a fact, and has it ever been fully tested and proven? A recent experience may help to settle this question and yet not prove much, as "one swallow does not make a summer."

In our college we encourage the advanced students to do some office pharmacy and experiment with remedies in order that they may learn about drugs and know how to use them. For this purpose some roots of Phytolacca decandra were dug in the College Botanical Garden to be made into tincture. The poke root was the first agent selected from the garden for such an experiment and was a perfect specimen of its kind. The fresh root was cleaned and sliced and put into a glass jar and covered with strong alcohol, according to the formula for making saturated tinctures. Members of the junior class shared in this work and, during the time, each one present sampled some of the root by tasting. Only a little of the root was chewed in each case, yet all who indulged were made sick. The next morning when they met at the college and compared notes it was found that all had experienced an unpleasant irritation of the mucous membrane of the mouth and throat, with some degree of nausea. In one case it caused vomiting and in another purging.

A doubting Thomas in the class, who was absent at the seance and skeptical as to the effects reported, volunteered another experiment by trying some of the root upon himself. He was duly warned by the experienced of his classmates as to what would be the result, but he was game and proceeded to make the test. He chewed some of the root the same as the others had done and said that it did not taste bad and anticipated no bad effect. He soon after went into class and in a short time became very sick and had to make a hasty exit to relieve his stomach. Vomiting continued at intervals for some time, until he finally had to be excused and went home. The experience was a valuable lesson in drug proving that the students will not soon forget and all are now fully convinced that there is at least one drug that is capable of producing an appreciable effect.

The amount of root that was actually used in the experiment was very small and seemingly not enough to exert such an influence. As I remember seeing it used in a similar manner when I was a medical student in the East, no such an effect was observed, so that the Western specimen seems to have the original beaten. If the result means anything, it shows that its activity was increased by transplanting and removal from its native heath and not diminished; and proves the fallacy, often heard and stated at the outset of this paper, that any change of location and environment must necessarily depreciate its value. Ripe poke berries are said to be poisonous, yet the little birds feast on them with impunity and suffer no ill effects. Here is an

additional item of fact that should be investigated and may be taken up seriously at some future time. All of these things are something to think about and furnish material for study and reflection in an effort to find out the real cause of things.

Several years ago a few specimens of wild medicinal plants were gathered on an Ohio farm and sent to California and planted, where they have since made a surprising growth. Poke root, as well as all other plants from the rain belt of the East, do not propagate or grow readily in a dry climate without irrigation. To thrive they must be irrigated and cultivated like "garden truck," or they will wither and die. Siccity prevents them spreading promiscuously over the land as weeds and becoming a nuisance.

The phytolacca grows here to a larger size than I have seen it anywhere, and in the fall of the year, when the berries are fully ripe and black and the leaves and stems are a purple red color, it is a gorgeous sight to behold. The root grows to such an immense size, that to remove it from the ground, is like digging up the stump of a tree and is no small task. A year ago, when Dr. H. T. Webster, of Oakland, Cal., visited the garden he took some of the root home and tinctured it and has since then used it in his practice. He has assured me that it gives fine results and is satisfactory in every respect.

Some of the other plants that were brought from the East at the same time as the poke root have done equally well and also made a phenomenal growth. Later on these will likewise be made the subjects of experiment and their comparative values tested in the college clinic. Sambucus Canadensis is scheduled for an early investigation and next in order will come Rumex crispus and Apocynum cannabinum. The elder grows to a good size, but is no match for the Western variety, which often grows up into a tall forest tree from one to two feet in diameter. The blossoms and berries of the Eastern elder are just as attractive here as at home, but the birds are very fond of the berries and eat them as fast as they become ripe, so that an old-fashioned elderberry pie is a rare luxury. In the East the yellow dock is only a despised roadside weed, but here it is a thing of beauty with its great bunch of radical leaves, which are of a glossy olive-green color and marked all over by bright red lines. From a scant dozen sprouts the Canadian hemp has multiplied and grown so rapidly that in one year there is more than enough of the crude drug to supply the college clinic for a year, with plenty of the roots left over to grow another crop.

THE PHYSICIAN.

E. Mather, M. D., LL. D., Detroit, Mich.

Read before the California Eclectic Medical Society.

Ladies, Gentlemen, and Worthy Colleagues:

We are met today to discuss all knowledge obtainable on the various subjects relating to Medicine, Surgery and Therepeutics, for the treatment of acute and chronic diseases. This makes a good all-round course of instruction, the various articles which are discussed at this meeting on Materia Medica, Hygiene; this also includes the diet, and choice of climate according to the requirements of the patient, for there are various forms and elements of nature, which can be pressed into the therepautic service, such as water in its various forms; hot and cold, also the application of electricity, vibratory, and the arc light, etc.

The practitioner today must keep abreast with the ways and means of treating disease by therapeutics, for it has come to a system where the physician has to adopt all means for a cure. It is not like fifty years ago, I am sorry to say; it is not looked upon with dignity, but as a trade only—not a profession. You will hear it said, "Hello Doc," instead of "Good morning Doctor!" Formerly a physician was a nobleman or a man of title. If you travel abroad you will find the physician more nearly represents the clergyman, with his dress coat, silk hat, immaculate cuffs and spotless collar, polished shoes, all of which distinguishes him as a professional man. On his calls during the morning, after seeing his patients, by the way, he does not give prescriptions to be filled at the drug store, but the patient sends around to the dispensary or surgery, as it is called, and receives the necessary medicines, otherwise they go to a consultant, whom we would style a Specialist, and they pay from twenty-five to one hundred dollars for the prescription and consultation. Still I have found while in England that many have opened Dispensaries, as low as twenty-five cents for the call, and twenty-five cents for the consultation. This is their own fault for allowing so many open dispensaries and free hospital clinics. The physician of today wants to keep up to the times, and not forget that it is his stock in trade. Also, that he should be paid for his knowledge, which is, knowing how.

It behooves every physician to comply with the dignity of his calling. He must have, as I said, a neat, clean appearance, and be ready at a moment's notice to dispense his own medicines, so that the patients have the correct ingredients according as the case demands. Each and every physician would do well to so educate his patients and families whom he attends

of the necessity of calling in a physician at the first approach of disease or ailment, when thereby many lives might be saved which are lost from shocks and operation; not that operations are not necessary in many cases, but we have found in the American Cancer Research Society, Laboratory and Hospital in Chicago numerous cases that might have been saved untold misery had they approached their physician before allowing the disease to make such rapid progress.

The A. C. R. S., ladies and gentlemen, is doing a grand work for the elimination and treatment of Cancer and new growths, by various modes of treatment, each member receiving a report, giving data of the cases successfully treated, or any new discovery whatsoever made. I have traveled extensively in Europe, and both seen and treated such cases; also our President, L. D. Rogers, M. D., of Chicago, made an extensive trip last year, visiting the European hospitals and laboratories, noting the latest discoveries for the treatment in regard to the dreadful disease Cancer.

I would be pleased to have you think the matter over, write for printed matter. This is the way we started the Tuberculosis Society in Chicago and St. Louis some twelve years ago, I being chosen one of the first Vice-Presidents; and look where it is today. It is the same with this society, each member gets another member, and thus carry the good work on.

AMYGDALUS PERSISA.

By John William Fyfe, M. D.

The common peach tree affords a medicament of considerable usefulness. It is not, however, employed as frequently as it might be with advantage. Amygdalus exerts a decided influence upon the nervous system, and also upon the circulation. Its tonic, sedative and antispasmodic properties have often been found superior to those of more popular drugs.

I have employed the specific preparation of the peach tree many years, and in my practice it has proved useful. In abnormal conditions characterized by irritability of the stomach, especially when there was nausea and vomiting, it has sometimes acted curatively after other favorite remedies had failed to produce the necessary results. A case of this character recently came under my care. An old lady, suffering from hemaphlegia, and who was in an extremely nervous state, was suddenly attacked by a severe irritation of the stomach. She could not retain food of any kind, and even a small quantity of water would cause severe pain and an urgent desire to vomit. The various methods and remedies prescribed failed to secure

the slightest relief. The patient's objection to opening her mouth caused delay in observing that her tongue was elongated and its tip and edges very red. These being plain indications for amygdalus, five drops of the specific medicine were added to four ounces of water, and the patient given a teaspoonful of the dilution every half hour. The first dose was not retained, but all additional doses were, and in five hours the woman was able to take carefully selected food. The acute tenderness over the stomach finally disappeared, and there was no more nausea or vomiting.

In gastritis, I have used amygdalus with gratifying results, and in diseases in which irritation of the throat and bronchial tubes is a prominent feature, especially when accompanied by an irritative cough, it has been beneficially employed. In irritable states of the bladder it has also given me much satisfaction. As amygdalus contains considerable prussic acid, caution should be exercised when administering it to feeble children.

Among the indications for the use of this agent, the following have been found especially valuable: Pointed and elongated tongue with reddened tip and edges; tenderness in the epigastrum; irritability of the stomach.

The dose of the Specific Amygdalus is from 1 to 10 drops, but the following constitutes a satisfactory manner of employing it:—Rx Amygdalus, v to xx; water ℥ iv. Teaspoonful every half hour to every three hours.

ARTHRITIS.

B. R. Hubbard, M. D., Los Angeles, Cal.

Read before the California Eclectic Medical Society.

The term arthritis is applied to a general inflammation of the structures composing and surrounding a joint. The morbid state may be the result of one or more causes, viz: rheumatism, gout, specific disease, gonorrhoea, tubercular affections, traumatism and typhoid infection. The affection occurs as acute or chronic arthritis. Eruptive diseases and certain nervous affections frequently provoke the morbid condition.

Gonorrheal arthritis is usually confined to one joint, the knee, ankle, and the elbow being the usual points of attack. However, the disease frequently attacks more than one articulation at or about the same time. When the joint becomes affected it usually occurs during the first month of the attack of urethritis and is thought to be due to the presence of gonococci of Neisser. The morbid state rarely ends in suppuration notwithstanding the fact the local state is usually due to active acute serofibrinous synovitis. Persons having this affection

once are prone to future attacks if gonorrhea is again contracted.

Arthritis following acute rheumatism is usually observed in adult life and is generally polyarticular, nearly every prominent joint of the system being to some extent affected. In differentiating this form of disease from the gonorrheal type a correct diagnosis is often fraught with keen uncertainty, having only the history of the case to guide us which is in many instances very misleading. The anatomic changes frequently observed in rheumatic arthritis are the formation of new connective tissue in the structures in and about the joint, and cacoplastic deposit resulting from acute inflammatory action. In many cases the inflammatory action absorbs the synovial fluid, contracts muscular and tendenous structures which distorts the normal contour of the limb and anklyosis of the joints frequently results. The first symptomatic indications of the onset of rheumatic arthritis are heat, sharp pain in the joints, especially at night, stiffening of the joints which improves under massage and exercise, swelling about the joint with redness and usually attended with tenderness and crepitus on motion caused by the grating of denuded bone. Position of the part, being that of flexion and fixation, is observed in this form of the affection but is not alone a feature of this form of the disease, it being a characteristic of arthritis resulting from any of the many causes.

Syphilitic arthritis is usually observed during the eruptive stage of the specific disease, although arthritic complications are frequently met with during the late stages of the affection resulting principally from gummatous deposits in the structures about the joint. Here as in rheumatic arthritis a correct diagnosis will depend largely upon the history of the case together with perhaps microscopic examination of infected fluids.

Tubercular arthritis, or "white swelling" as some are pleased to term the morbid state, is frequently met with in the scrofulous and poorly nourished conditions of body. It is a fact not easily disproven that chronic joint diseases are, in the main, tubercular and that the tubercle bacillus is omnipresent in the vast majority of these cases. The disease is incident to childhood and has for its inception, in the vast majority of cases, an injury to the joint by a fall or other bruising force followed by inflammatory action with the usual cacoplastic deposit. The disease commences as an osteitis and soon extends to the synovial membrane and other contiguous structures. The cartilage is seldom the primary seat of the morbid state but is destroyed later on through inflammatory action. Tubercular taint in the parentage has but little bearing on the case in re-

view for, as stated above, the majority of cases usually have a history of traumatism as a causative factor. In grave cases of the disease where it commenced as an osteitis gradually extending to the adjacent tissues provoking a high grade of inflammation resulting in necrosis of the bony structure abcess formations often result which sooner or later complicates the contiguous structures producing what is termed periarthitis. About this time the patient will complain of rigors followed by fever and headache with an increase of local pain on motion and pressure. Only the prompt determination of the existing condition and the thorough evacuation of the purulent fluids will prevent rapid destruction of the joint structures. Should the morbid state manifest itself in the synovial membrane and adjacent tissues as is frequently the case in the adult the membrane becomes thickened with inflammatory deposits and frequently covered with a spongy granular mass that will give a sense of fluctuation akin to that obtained by palpating an abcess formation. Indeed this spongy state of the tissues about the joint is so marked in some cases that operative measures have been resorted to with the expectation of evacuating pent up fluids. These fungous growths often break down under cheesy degeneration in the adult forming abcesses which proves destructive to the joint unless the morbid state receives surgical attention early.

Arthritis often results from neuropathic causes, notably hysteria, and locomotor ataxia. In some phases of the disease the course resembles that observed following an attack of rheumatism. The swelling about the joint usually takes place suddenly, is not attended with marked symptoms such as heat, pain and tenderness; the increased swelling of the joint structure being the special feature in the case. The synovial membrane is usually the primary point of attack, however, the devitalizing state soon passes to other contiguous structures. The ankle and knee joints are perhaps the most frequently attacked but other joints may be severely crippled by the devitalizing forces at work. Fracture and dislocation have been known to take place as a result of structural degeneration of the joint.

In cases complicating locomotor ataxia the local disturbance is usually manifested following the lesion of the spinal cord.

The treatment of arthritis will require both medical and surgical measures, and the medicinal treatment, in the large majority of cases, will embrace both local and general means to meet the many phases present in grave attacks. As a general treatment that will be applicable to most cases may be

mentioned enforced rest, position, extension, and in some cases elevation. Then constitutional measures of importance will be a proper diet, suitable clothing, exercise, and the indicated remedies for the individual case under treatment. It is conceded by high authority that rheumatism and rheumatic arthritis is mainly due, or influenced by malnutrition and that the patient afflicted with the disease should be given a generous diet of good, wholesome, nutritious food, well cooked and served to meet the requirements of the individual case. If meat is relished the patient should not be deprived of it; it must be cooked properly and thoroughly digested. The same advice will hold good with regard to other articles of diet, care being taken, however, to not give to excess any one variety of food. If it is observed that acids disagree with digestion less of it should be used, and if sugar and starchy articles of diet provoke intestinal disturbance they had better be discontinued. As digestion and assimilation of food is of the first importance the diet should be a special feature of the treatment.

As sudden changes of temperature always unpleasantly affect those of a rheumatic tendency they should be clothed in garments that will guard against the chilling of the body and to prevent a too rapid evaporation of perspiration. Garments made from woolen texture will answer well in some cases, while in others a mixed texture of wool and cotton will give better results.

Special attention must be given to the functions of the skin, kidneys, and bowels that their eliminative powers be kept highly active. An alkaline bath can be taken daily to an advantage especially should there be some rise of temperature during the day. The bowels should be kept open with the saline laxatives which generally stimulate a slight diuretic effect on the kidneys.

When the patient's condition will permit and the weather conditions are favorable exercise in the open air will promote a better circulation of blood and a free perspiration which will prove beneficial in the large majority of cases.

Enforced rest will prove of much benefit during the stage of heat, pain, and congestion or irritation about the joint. If motion greatly increases the tenderness during the inflammatory stage it may be well to encase the joint for a time in a plaster-of-Paris cast which should be removed as soon as the acute stage has passed to prevent ankylosis. To restore normal action to the joint massage and enforced motion to a limited degree will avail much.

Topical applications to the joint of cooling lotions during

the inflammatory stage and stimulating liniments in chronic cases with massage and gentle friction will prove of decided benefit. As a cooling lotion the following mixture will meet the requirements in most cases:

℞ Muriate of Ammonia, ʒiij.
Tinct. Conium Mac., ʒ j.
Aqua Dest., ʒ xvj.

M. Sig.—Sop on the affected joint every half to one hour during the acute inflammatory stage. Benefit is obtained by evaporation.

A stimulating lotion useful in tender, subacute and chronic cases is prepared as follows:

℞. Spirits of Turpentine, ʒ ij.
Camphorated Oil, fl, ʒ iv.

M. Sig.—Bathe the joints with brisk friction every three or four hours.

Much benefit is derived in these cases by wrapping the joints in several layers of flannel and subjecting the affected parts to dry heat in an oven properly constructed for this purpose. Great heat can be endured by this method of application but it is of doubtful utility in the acute stage of the attack. The heat may be carried to a point of 250 degrees to 300 degrees F., by properly protecting the joint with cloths to prevent irritation.

The medicinal treatment will have to be varied to suit the individual case applying for relief. During the acute stage if the tongue shows deep redness with a high range of temperature an occasional dose of dilute hydrochloric acid well diluted with water will prove of benefit taken in connection with the following mixture:

℞. Spec. Tr. Veratrum Vir., gtt. xv.
Spec. Tr. Bryonia, gtt. x.
Aqua menthae piperita, fl. ʒ iv.

M. Sig.—A teaspoonful every hour. In the subacute and chronic stage of the disease substitute colchicum for the bryonia. If the patient is restless and irritable, gelsemium in tangible doses will find a place taken singly or in connection with macrotys if there be present marked muscular soreness and frontal headache. If the tongue shows a pallid dirty coating an alkaline agent is indicated the most potent of which is sulphite of soda and the effervescent Alkalithia, an alkaline compound put up by Keasby and Mattison which will prove of great benefit especially should the fluids of the system show decidedly acid and the urinary secretion prove scanty. Apocynum should not be overlooked in cases showing oedema about the tissues of the joint.

In cases due to gonorrheal infection, besides the general treatment advised in other forms of the morbid state, which will be of great benefit special stress should be directed to the importance of placing the part at rest and applying a plaster cast if effusion has not taken place. In cases where the effusion is present in large quantities either immobilize the joint with a suitable wire splint and make application of cold in the form of the ice-bag, or draw off the inflammatory fluid by asperation and flush out the cavity with Thiresch's solution or a one per cent solution of protargol. If this flushing is done thoroughly much benefit will be soon observed. Following the flushing of the cavity the joint should be placed in a plaster cast until the tenderness has well subsided, when massage and passive motion should conclude the treatment. Care must be taken to evacuate the sero-purulent or purulent fluid at once after its presence is determined to prevent serious destruction to the structures of the joint. To prevent ankylosis in grave cases no better treatment can be followed than massage, passive and active motion in the absence of inflammation.

Arthritis due to syphilitic taint will be best treated by paying strict attention to the dietary of the patient, together with such tonic and stimulating medicinal agents as will whip up an appetite and improve digestion. An excellent systematic tonic in extreme weakness is the following: Fowler's solution, one drachm; the elixir of glycero-phosphate of lime and soda, six ounces; a small tablespoonful after meals in a wineglassful of water. If the tongue shows a leaden hue, or if it presents a dark red color, the acid solution of iron in two or three drop doses after meals, taken in a little water, will act kindly, as will patent doses of iodide of potassium three times a day taken in solution with tincture of gentian. In this form of the disease as well as in the other varieties the emunctories of the system must be kept in a normal condition. The local treatment will not differ from that followed in other forcs of the morbid state.

Tubercular arthritis so frequently met with among the poorly nourished usually improves under a hygienic and tonic course of treatment. Peptics, tonics and stimulents whip up an appetite and improves digestion. The food should consist of well-cooked meats, pickled pigs' feet, eggs, custards, olive oil on salads and other suitable food, rich cream and fresh milk, graham and whole wheat bread.

Topical applications, such as equal parts of turpentine and camphorated oil, clove oil one part to alcohol three parts, chloroform liniment, and hot salt bags, and hot water bags, will be comforting by assuaging pain in most cases. In marked inflammatory states a rubber bag filled with cracked ice and ap-

plied to the joint with a layer or two of flannel adjusted between the skin and the bag to prevent a too profound effect, will prove highly beneficial.

Traction and fixation will benefit some cases of tubercular arthritis by overcoming spasm of muscles, thereby relieving pressure pain. The course seems best suited to sub-acute cases. It is the writer's experience that suitable traction benefits more cases than that of fixation by splints or the plaster cast. There is not much likelihood of ankylosis resulting from enforced rest by fixation; if it occurs it will likely be due to continual inflammatory action. As long as there is evidence of irritation about the joint, which will be indicated by tenderness and spasm of muscle the cast or the extreme apparatus should be worn, if the time be three months or six months.

In grave cases giving evidence of great quantities of tubercular deposit, in and about the joints especially, should there be destruction of the tissue resulting in abscesses, much benefit has resulted from the injection into the joint tissues of a ten per cent emulsion of iodoform in glycerine. If no benefit is derived from the injection of the emulsion within a reasonable time resort will be necessary to operative measures, such as laying open the tissues about the joints, curetting away all necrotic tissue, making extension, and treating the injured joint as we would a fresh wound. Abscess formations must be evacuated through a small incision, the cavity thoroughly cleansed with a one to three thousand bichloride solution, followed by the iodoform emulsion, an ounce or more being used, being governed, of course, by the extent of the cavity to be treated.

In place of the iodoform emulsion bismuth paste is preferred by surgeons who have given it an extended trial. The mixture is prepared by thoroughly mixing three drachms of subnitrate of bismuth in two ounces of liquid petrolatum or melted vaseline.

In grave cases where the above treatment proves ineffectual excision of the joint will be the next step, which will be followed, of course, by ankylosis, or amputation of the limb, where all forms of treatment fail to stay the progress of the disease and the patient's life is endangered.

FOREIGN LETTER.

Letter from Doctor Webster.

S.S. Coronia, Mediterranean Sea,
March 5th, 1912.

Editor California E. M. Journal:

Everybody has heard of Maderia wine. Its excellence has been extolled the world over, and high prices are paid for it by

those who consider themselves judges of a good article. As for myself, though my taste may be depraved, I very much prefer a good California product.

Madeira Island lies in the Atlantic Ocean, west of North Africa, about a day's run by steamer from Gibraltar. We were seven days out from New York when we steamed into the harbor of Funchal, the only city of any size in the group. Besides Madeira, there is the Island of Porto Santo, and three detached, barren masses of rock, very picturesque city, and it is approached from the sea; lying on terraces on the mountainside, the houses being cement, of a pinkish white hue, with red tiling roofs. Many of these are embowered in tropical foliage, the open spaces green with growing sugar cane and other crops, and flowers everywhere. The foliage is almost a counterpart of that of Southern California, though not so luxuriant.

To the tourist this city of 50,000 inhabitants presents a unique study. The streets and sidewalks are paved with pebbles from the sea beach, set edgewise, and, in many instances, arranged according to color or style of setting, in mosaic. Naturally we found the pavements rather peculiar footing, though the pebbles are not so large as to afford a very uneven surface. The common carriages of the place consist of sleds drawn by oxen. The runners are made of boards, rounded at both ends and iron shod, and on the runners is mounted a sort of coupe body, with two seats facing, the whole canopied and tastily decorated in colors (red cloth). One would expect a very tame ride in one of these vehicles, but the bullocks are wiry, sleek little fellows, small, compared with our oxen, and they get about over the pebbly streets with almost as much agility as a pony. Each equipage has two conductors. One of these goes in front to see that the way is clear, and as a leader; and another walks behind, on the right side, and carries a whip, though this is seldom used. We took a ride in one of these, and found it quite novel and exhilarating.

The principal amusement for tourists is a ride up the mountain by means of a cog-wheel railway, and a toboggan ride down, by way of wooden-shod wicker-basket sleds. The sleds are managed by a man on each side, who holds a rope, thus controlling the movements. As a novelty, it is rather pleasant, though not thrilling. The course down is through narrow, medieval streets, with open doors and women and children looking out, and this adds much to the interest of the occasion.

Madeira is about thirty miles long and eighteen wide. It is a mountain, risen from the sea, and reminds one of Catalina very much, though on a grander scale. The mountain is much more lofty. Funchal is set in a bay, much like Avalon, and

Porto Santo is simply a separated part of the same range. Christopher Columbus was once a resident of Funchal. The site of his home is pointed out, but the house was torn down to allow the passage of a new street. He married the daughter of the governor of Port Santo, and adopted Maderia as his home for a time, though he was, as we all know, much away from home, discovering new worlds. The islands belong to Portugal, and the inhabitants are nearly all Portugese. They are affable, lazy, contented and happy, and natural-born beggars. The tourist here is importuned from morning until night, by old and young, for "a penny." Nearly every one you meet, except the shopkeepers and other business men, is a beggar. This is the unattractive part.

Wine industry was once very extensive here, but a few years ago the plyleloxera or some other pest wiped out a large share of the vineyards, and sugar-cane and cotton growing have become of considerable importance. The soil is tilled in terraces, and every available space is utilized. The principal industry among the women is embroidery. Ladies who visit the shops here are infatuated with the attractiveness and cheapness of this kind of work. An embroidered dress that would bring forty or fifty dollars in California can be bought here for eight or ten.

A favorite method of money-getting with the young men and boys, is diving for coin in the harbor. Before our ship was anchored, upon our arrival, it was surrounded by rowboats, each containing two or more occupants, all clamoring for coin. Passengers were importuned to throw a shilling, a quarter, a half dollar, a dime, a nickel—anything, into the water, that it might be rescued; and they never let anything get away. For a shilling a boy dove from the bridge of the Coronia, a height of at least sixty feet. These fellows reap quite a harvest, for them, for the average wages here amount to about thirty cents per day, for an able-bodied man.

We have seen the Rock of Gibraltar. I have always been under the impression that this was the continuation of a mountain range, reaching down from Spain into the Mediterranean; but Gibraltar is a mountain of rock, which stands alone, and falls abruptly, more so in fact than on the seaward side, where it faces the Spanish possessions. Between Gibraltar and Spain proper is a level plain, but a few feet above sea level, and three miles of this, reaching from the harbor on one side across the peninsula to the sea on the other is neutral ground. Of course we crossed this space to walk on Spanish soil. A village stands on the boundary—name now forgotten—and we were enabled to see something of life in Spain as it is actually lived. Further

around is Algeciras, in plain view from the harbor, of recent International Peace Conference fame.

Besides the famous rock, with its tunneled secrets of grim war, an attractive little city, nestling at its base, and crawling up its side, commands attention. In fact, the main attraction at Gibraltar is its shops, full of everything one can imagine; its donkeys, loaded with packs; its various costumes and people; its immense naval repair shops; its markets, as full of fruits, vegetables, fish, flesh and fowl, as the best of markets in California, and its busy and funny vehicles and harbor vessels of all styles and kinds.

The Spanish people still adhere to the old custom of using donkeys for their principal means of carriage. We met many of these. One donkey was loaded with a bulky pack on each side, each one larger than itself, and seated on these were two full-grown women; yet Mr. Donkey walked along without a "wabble," and seemed not to mind it at all. It astonished one to see the load these little fellows will carry. Gibraltar has not yet reached the street-car stage, though we saw plenty of them in Algiers.

The Moors of Gibraltar were an interesting study. Once the haughty possessors of Spain, they are now few and scattered; yet their proud and stalwart bearing and swarthy, pugnacious faces, betoken latent forces, which once aroused are not likely to be trifled with. They object very much to being photographed, and will hide their faces, if they detect any attempt at it. It represents the "Evil Eye" to them, and presages bad luck. Our guide succeeded in snapping one of them on the crowded street, and was detected just afterward by the subject. His scowl of rage and muttered malediction was almost terrifying; and if the act had occurred on the lonely desert, it might not have gone so well with Mr. Guide.

H. T. WEBSTER.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

WELL SAID!

The San Francisco Argonaut, in speaking of the California Board of Optometry, says some old things in rather a refreshing way. The following quotation is made with the suggestion that the reader may replace the word optometry with any other word that conveys a personal interest to him:

"This board consists of three members, and all of them have been removed for such offenses as meeting three times in one day and charging expenses for three days, giving banquets at the expense of the State, and paying salaries to politicians and attorneys who had done little or nothing in return. The Governor has now appointed three other men in their place, and if their scientific eminence is not exactly world-wide, we may at least be sure that their views upon the recall and referendum, as well as the divinely appointed wisdom of Governor Johnson are above reproach. And, of course, the machine must be recruited.

"Now, the new optometry board may be eminently respectable. Probably it is. None the less, this whole system of petty boards of control is a nuisance and an imposture, an unfailing source of scandal and a direct inducement to graft and blackmail. It would be safe to say that no human being in the State has been benefited by the optometry board or ever will

be. No one knows how many other boards there are of a like kind, arbitrarily apointed and with despotic powers over trades and professions. Doubtless we shall hear of some of them in due course as their misdeeds come to light or as their victims grow restive. Some time ago there was a well-engineered effort to place all music teachers under the control of one of these pestilent boards. No one was to be allowed to teach scales to a four-year-old tot without examination, fees and diplomas. That particular piece of humbug was nipped in the bud, but others, equally vicious, are allowed to creep through. Their success is due, first of all, to the mania for regulating and controlling everything and everybody in sight, and, secondly, to a natural administrative disposition to strengthen the machine. But there is only one result to this haphazard appointment of men who are empowered almost with life and death over members of trades and professions. The result is graft, blackmail and the theft of public money.

"The temptation to dishonesty is almost more than frail human nature can resist. These boards work practically without supervision of any kind, seeing that the public do not know of their existence. Not one citizen in ten ever heard of the optometry board or would know what it was if he had heard of it. And yet three men, working in obscurity, arbitrarily appointed, are placed in a position to confer favor or calamity upon hundreds of their fellow-citizens, and to impose their own standards of knowledge and skill upon any important trade. We all know what that means, what it has meant in the past, and what it will mean in the future. It is simply an invitation to graft, and it should cease."

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, D. C., June, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1912. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held March 5th, 8 p. m., at the College Assembly Hall. On account of the welcome rain the attendance was somewhat decreased. Dr. Hubbard presided and in the absence of Dr. P. M. Welbourn, Dr. Barbrick was appointed to act as Secretary. The minutes of the previous meeting were read and approved.

Under the head of new business the sex hygiene phase of the campaign for medical control of our public schools was brought up by Dr. Barbrick, and after an animated discussion, pro and con, the following resolutions were unanimously adopted. (See below.) A motion to send a copy of the resolutions to The Exprs was duly seconded and carried.

In the absence of Professor Baird, who was to read the paper of the evening, Dr. Munk read an interesting paper entitled "A Demonstration in Materia Medica," which described some of the work that the College is doing by growing crude drugs in the Botanical Garden and making them into tinctures in the College Laboratory, as taught to the materia medica class, for the benefit of the students.

Dr. Baird's postponed paper will be read at the next meeting.

Adjournment.

B. ROSWELL HUBBARD, M. D., President.
J. FRASER BARBRICK, M. D., Sec'y pro tem.

SEX HYGIENE RESOLUTIONS.

At the regular monthly meeting of the Los Angeles Eclectic Medical Society, held Tuesday evening, March 5, 1912, the following resolutions were unanimously adopted:

"Whereas, we regard the perpetual efforts being made in certain circles of our profession for medical control of our public schools, as pernicious and wholly uncalled for either by the general public or taxpayer; and,

"Whereas, the proposed sex hygiene instruction in our schools is simply another phase of the never-ending campaign, which will stop—when, and,

"Whereas, the Los Angeles Express in its editorials has expressed our protests and sentiments completely; therefore,

"Be it resolved, That we hereby add our voice and influence against this attempted usurpation of the rights, privileges and responsibilities of parents, as such instruction would be and such unnecesary medical activity is in fact;

"Resolved, That we endorse the attitude of The Express on this subject and extend to its able editor, Mr. Edwin T. Earl, our hearty appreciation of the sentiments expressed in his editorials and of the firm stand he has taken in this matter.

"B. R. HUBBARD, M. D., President.
"J. FRASER BARBRICK, M. D.,
Secretary, pro tem."

The above resolutions were published in the Los Angeles Express and received the following editorial mention:

"Medical Freedom.

"The Express acknowledges with profound appreciation the receipt of resolutions adopted by the Los Angeles County Eclectic Medical Society, endorsing its attitude on the subject of sex hygiene instruction in the public schools. The society deprecates and condemns as pernicious 'the perpetual efforts being made in certain circles of our profession for medical control of the public schools.'

"It rightly declares the proposed sex hygiene instruction to be but 'another phase of this never-ending campaign,' and adds its voice and influence 'against this attempted usurpation of the rights, privileges and responsibilities of parents.' Holding such views, it is but natural that the society should feel moved to commend The Express for the part it has borne in the campaign.

"We welcome the commendation as evidence of appreciation of the fact that this newspaper entertains no partisan convictions whatever in this nation-wide contest for medical freedom. It advocates and defends no school of medicine or of medical practice. It is for freedom for the people—for the right of the individual to select the method of healing that commends itself to his judgment and conscience. It would stoutly resist any attempt on the part of any school to employ the power of government in behalf of an endeavor, through law, to establish a monopoly. It would have all practitioners, whether of the allopathic, homeopathic, osteopathic, hydropathic or eclectic schools or any other, Christian Science practitioners and all others, placed on a plane of absolute equality before the law, not that it is concerned in them or their schools, but because it is deeply concerned that the people shall be free.

STATE SOCIETY NEWS.

The following is a complete list of the Section Officers for our next Annual Meeting to be held in San Francisco, May 28, 29 and 30:

Section I—Practice of Medicine.

President—E. A. Ormsby, M. D. ----------Concord
Secretary—Dr. Ada Scott Conner----------
----------Garden City Bank Bldg., San Jose

Section II—Surgery.

President—George G. Gere, M. D., Pacific Bldg., San Francisco
Secretary—B. R. Hubbard, M. D.--Ferguson Bldg., Los Angeles

Section III—Materia Medica and Therapeutics.

President—John Fearn, M. D., P. O. Box 364--------Oakland
Secretary—Oran Newton, M. D----------Long Beach

Section IV—Gynaecology and Obstetrics.

President—O. C. Welbourn, M. D., Security Bldg., Los Angeles
Secretary—Hannah Scott-Turner ----------Pomona

Section V—Pathology, Bacteriology and Serumtherapy.

President—Charles C. Clark, M. D., Pacific Bldg., San Francisco
Secretary—Dr. Pina Welbourn, Security Bldg.----Los Angeles

Section VI—Electro Therapeutics.

President—A. L. Conrad, M. D., 517 So. Broadway, Los Angeles
Secretary—W. M. Forster, M. D., 709 Van Ness Ave.,------
----------San Francisco

Section VII—Pediatrics.

President—Dr. Florence Temple, 1164 O'Farrell St.------
---------- San Francisco
Secretary—Dr. R. Muda Sinclair, 2871 Octavia St.--------
---------- San Francisco

Section VIII—Eye, Ear, Nose and Throat.

President—H. W. Hunsaker, M. D., Pacific Bldg., San Francisco
Secretary—J. F. Barbrick, M. D., Consolidated Realty Bldg.
---------- Los Angeles

Undoubtedly most of the members have alrady been solicited for a paper for one of the various sections. If on account of pressure of business or any other reason you have put the matter aside and not answered the letter, let me urge you to do so now. Prepare a paper and bring it with you to the meeting. Send the title to the secretary of the section. We want short, interesting papers that will provoke a lively discussion and be

of benefit to all of us. From the **late correspondence** the outlook is very encouraging, the Society receiving several renewals from members who had practically dropped out, and several new applications. From various sections of the state come reports from our men stating their intention of being present and furnishing a paper. So "get busy" and do **your** part.

Sincerely,
H. FORD SCUDDER,
Secretary.

COLLEGE NOTES.

Herbert T. Cox.

Some of the herbs at the College Botanical Garden have grown so prolifically that there is an abundance of them; more than is necessary for demonstrative purposes in the Materia Medica class. So Dean Munk has decided to have the extra quantities worked up into tinctures by the students, in connection with the clinic. This adds another feature along the line of practical work in Pharmacology which may be considered an unique idea, as the art of preparing drugs has nearly become lost to the modern medical student. This should impress the student with the physical properties as well as the physiological properties of his vegetable armanentarum. Dean Munk has brought up specimens of Phytolacca, Anemopsis Californica and Apocynum, which have been tinctured; and others will be brought along in their proper seasons. Recently, when Dr. Carr of Nebraska and Dr. Lindley of this city visted the College, they were quite impressed with this feature of the work.

The books which heretofore were distributed around the College in various rooms have all been moved into one room, which will now serve as a library and study room. This is appreciated by the students because it gives them a quiet room for study and where they have all the books handy for reference.

Dean Munk has had several lockers placed in the College Assembly Hall for the convenienc eof the boys. This, too, is greatly appreciated by the boys, because they can keep some of their text-books, medicine cases, etc., handy for use when needed.

Several candidates for the State Board examinations are plugging away hard every day in the quiz course, which is being given by some of the professors. Study hard, boys! We feel sorry for you and hope by all that's good and bad, that you get through the State Board in April. The rest of us hope to be in the same situation some of these days.

The Freshmen have had their first taste of a final examination, Professor Newton having given his final in Hygiene. If it didn't taste good to you, boys, just brush your mouth out well and get ready to try some more.

We are all glad to have Mr. H. R. Evans back with us after his short absence.

Mr. F. S. Kurpiers now makes a specialty of testing drugs by chewing the crude article. From practical experience he now understands thoroughly the Emetic and Cathartic actions of Phytolacca Decandra.

Dr. Conwell of Boston, Mass., is a late addition to the quiz class.

Professor (in clinic quizzing Choreic patient)—Do you have much trouble feeding yourself?

Patient—More trouble than anything else when I am out of work.

Professor—What is a glomerli?

Student—It is an artery convoluting around upon itself.

NEWS ITEMS.

From the number of inquiries and requests for catalogues that are being received, it would seem that the California Eclectic Medical College is still on the map.

In a recent letter from Dr. J. C. Andrews, formerly of this city and later of Iompoc, Cal., but now living at No. 1602 Master street, Philadelphia, Pa., he laments the wintry weather of the East and wishes he was back in sunny California.

The frequent deaths that are reported as happening by the bathtub route would make it appear that this necessity of modern times is a dangerous invention. Nevertheless, personal hygiene demands that an occasional bath be taken.

To the old veterans the ten sumptuous volumes of the Photographic History of the Civil War, containing over 3000 pictures of army life, with a full description of the same, are of absorbing interest. They bring back with startling distinctness scenes of the camp and battlefield, that are as real to those who engaged in the strife as were the days on which the events occurred. Every phase of army life is here depicted, even to the presence of civilians in camp, the dignified senator in his high plug hat and the "visiting lady" in her wide hoop skirts, which was the fashion in those days.

The monthly meetings of our County Medical Society are always large. The members who do not attend don't know what they miss.

Dr. E. A. Carr, inspector of medical colleges for the American Confederation of Reciprocating, Examining and Licensing Medical Boards, with Dr. Walter Lindley, President of the California Board of Medical Examiners, called recently to inspect the California Eclectic Medical College. After their visit the following mention appeared in the Southern California Practitioner: "While the accommodations and equipment of this school are not extensive, yet they did appear to be doing serious work. They have in connection with the school a Botanical Garden, from which they take the crude drug and make tinctures and fluid extracts in the laboratory of the college. When we were there they were at work on the Yerba Mansa and Phytolacca Decandra. We think that the Eclectics are doing a useful work in keeping alive an interest in roots and herbs. There is practically no work of this kind being done in our leading medical colleges. Who knows what the whirling of time may bring around?'

In response to a popular demand for information on vegetable materia medica the U .S. Government, through its Agricultural Department, has issued Bulletins No. 89, 139 and 188, which describe many of our common medicinal plants and give their uses. Dr. Walter Lindley's favorable mention in his medical journal on work that is being done in the laboratory of the California Eclectic Medical College, is, also, along the same line. They show that drug-plant investigation is again in vogue, in which work the Eclectic or American Medical school of medicine has been engaged and taken a leading part for nearly a century.

Dr. W. L. Conwell of Boston, Mass., is visiting in Los Angeles. After looking around he has decided that this city is as interesting a place as Boston—an unusual admission from a dweller of the Hub.

The supreme court of Illinois recently decided that it was illegal to pay an appropriation of $50,000 to the medical department of the University of Illinois. The suit was first brought in the County Court by Dr. W. E. Neiberger, President of the State Homeopathic Association, where the case was dismissed, when it was appealed to the Supreme Court and won. This occurrence and some other recent events show that the medical trust is not yet in full control, but dangerously near.

Dr. Munk's two Arizona articles in the February and March journals, entitled "A Visit with Dr. Kunze" and "Castle Hot Springs, Arizona," were both reproduced in the Arizona Republican, with commendatory editorial comments.

Dr. J. F. Willard was suddenly called East to attend to some property losses that were caused by fire.

Dr. F. V. Mohn of San Pedro, California, is giving a special course of lectures to the advanced students.

THE SUPERIORITY OF COD LIVER OIL IN PALATABLE FORM.

Whilst none questions the nutritional and therapeutic properties of cod liver oil, yet what avails it when its administration provokes gastric disturbance? If the gastric function be interfered with by the oil, it were better not to give it. Chemists long ago began endeavors to overcome the undesirable features of the oil, and how well they have succeeded is shown in that most palatable, and yet efficient product, Cord. Ext. Ol. Morrhuae Comp. (Hagee) which, while possessing all of the food and medicinal virtues of the plain oil, is agreeable to the most exacting stomachs, even when continued over long periods of time. Cord. Ext. Ol. Morrhuae Comp. (Hagee) as a reconstructive will prove highly serviceable in the many debilitated conditions, in which it is indicated, and the physician ordering it will be gratified at the results produced.

A PLEASANT, EFFICIENT LAXATIVE.

The desirable qualities of a first-class laxative are efficiency and freedom from unpleasant taste. The lack of either to just that extent disqualifies the product for use in the treatment of chronic constipation. That it is difficult to find a palatable and efficient laxative in the same medicament is a pretty generally accepted fact. It is possible to do so, however, and Cascara Evacuant may be cited as proof of that possibility. This preparation is pleasant in taste, and in doses of 15 to 30 minims in water it performs its duty quickly and well, without incidental nausea or distress. That is why children rarely object to taking it, and adults prefer it to other preparations.

The product is manufactured by Parke, Davis & Co., and is procurable from any well-stocked retail pharmacy. To avoid confusion with other so-called aromatic cascaras, however, it is well to specify clearly "Cascara Evacuant, P. D. & Co."

The California Eclectic Medical Journal

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Original Contributions

IMPORTANCE OF RIGHT SOIL FOR MEDICINAL PLANTS.

John Fearn, M. D., Oakland, Cal.

I was delighted with the paper of Dr. Munk in the April California Medical Journal (a demonstration in Materia Medica). Such teaching as the doctor there outlines will be of inestimable value to the students. I have always believed that the Eclectic should know by handling, seeing, smelling, and tasting the vegetable drugs they use. In this way we may often detect substitutions. And I have known a very serious mistake in a compound discovered in this way. With regard to plants being best gathered in their own natural habitat I am strongly in favor of the theory, and I think I learned this from King and Scudder. Take any plant that naturally luxuriates in a limestone soil. Now plant this in an adobe soil, could you expect to get the same results from such a growth? Hardly. Therefore in transplanting get the soil and surroundings as much like the old as possible. Potatoes will do well in a light, sandy soil. In a heavy, wet soil the tubers are neither so prolific nor so good to eat. Two years ago, I was traveling in El Dorado County, Cal. I gathered leaves from the yerba santa bushes; they were dry paper and they did not have the yerba santa physical qualities. I traveled some seven miles farther up the country, and there I gathered more leaves from other bushes. But how different they were, full of the gum for which this plant is known. While carrying the leaves in my hand they stuck together as though they had been glued together. Parties troubled with throat and lung troubles, for which these leaves are useful, can in no way get the results of the drug better than chewing the rich leaves and swallowing the juice; but you might chew the poor paper-like leaves and you would only increase the irritation. I asked an old miner there how he accounted for the difference? He replied that those poor leaves grew on bushes that were rooted in a shallow granite soil; the fat leaves grew on a deeper, richer soil, largely composed of decomposed slate and porphyry, hence the leaves were so full of life and vigor. As regards the

doctor's botanic garden, I have seen that garden, and it is, in my opinion, an ideal soil and surrounding for growing good phytolacca. His description of the plants puts me in mind of the phytolacca I saw growing in rich bottom land in West Virginia. Ah, what a beautiful show they made. Stalks, leaves and berries full of vigor, and rich in color. I can never forget them; they looked tropical in their beauty and richness. I have seen phytolacca growing in Oakland. Large and vigorous plants, but they did not have the color or the beauty such as I have seen in the East, and the doctor grows in his botanical garden. Phytolacca is an important remedy. We cannot afford to tamper with quality. If you would get the best, get the plant where it grows in its own natural habitat.

FREAK CALIFORNIA WEATHER.

J. A. Munk, M. D., Los Angeles, Cal.

The weather in California is sometimes said to be "unusual." It is so uniformly pleasant and agreeable that any change from the normal is apt to be noticed and causes comment. To speak of the weather as "unusual" is a stock phrase of the tourist, when he wants to crack a joke or tries to be funny. It is his one chance to criticise the climate and furnishes him amusement and something to talk about.

The average resident was also once a "tenderfoot" and got here by coming; or, as Uncle Remus would say, "was gwine whar he was gwine"—but is here from choice and has come to stay. If any stranger thinks that he does not like the country, he should be careful not to tarry too long, as by staying overtime, there is danger of becoming infected by the California microbe, which, even if never seen, is just as real as some other bugs that we read about in books. When the germ once gets into the blood, there is no other cure for it but to come here and live as soon as possible. After that there is no other place fit to live in and the new citizen feels perfectly resigned to his self-imposed exile. If for any reason he is compelled to leave home for a season, he returns at the first opportunity. Strangers who are the most critical and fault-finding are usually the greatest boosters after they become converted, which in nearly every instance happens very soon.

California has certainly experienced "unusual" weather during the past winter because of the absence of rain. This peculiarity of weather was a benefit to the tourist as it fur-

nished pleasant going, but was a damage to the farmer, since the crops suffered from a lack of moisture. The rainy season is during the winter months and if it does not rain then, none can be expected for the balance of the year. Less than three inches of rain fell up to the first of March, when there should have been from ten to twelve inches by that time. The average annual rainfall for Los Angeles is fifteen inches, although in some years it amounts to twenty inches or even more. Since the first of March there have been several good showers, which has brought the rainfall for the season up to eleven inches and averted any serious shortage in the local water supply. In the absence of rain there have been clear skies and daily sunshine, steady cool weather, much high wind and clouds of dust. For this climate such a combination of weather is altogether unnatural and "unusual," but infinitely better than the blizzards and zero weather of the east. In the past fifty years California has had no weather like it, which marks it distinctly as a freak and, indeed, something "unusual."

The weather conditions in California are different at all time from what is found elsewhere, which makes the climate so delightful. There is an entire absence of all weather extremes of either heat or cold, wind or rain and electrical storms. There may be a rare exception to this rule, but it takes such an exception to prove the rule. Some persons complain whenever there are clouds or rain, but these things are necessary and a blessing to the country. The rain is ushered in by an east or south wind, but never when it is in the north or west. Before a rain the atmosphere becomes hazy and still, with only enough movement of the air to indicate the direction of the wind. During one or more such Indian Summer days the clouds gather and begin to "pour their garnered fullness down." The rain may continue for sometime in a steady downpour but more often it is distributed in gentle showers that pass in the night, leaving the days clear. Should the wind change its direction or increase much in force when the weather threatens rain, all signs of rain immediately vanish. The result often consists more of promise than fulfilment and disappointment is more frequently caused by too little than by too much rain. In most countries a rainstorm is preceded by wind and a hot wave and is followed by cooler weather. In California these conditions are usually reversed. A cold spell precedes the rain and if there is any wind it comes during or after the rain with a rising temperature. During eight months of the year no rain ever falls, and every day is perfect picnic weather; when the fields and orchards depend on irrigation for moisture.

California is a large state and the climate over this large area is affected in spots by altitude, latitude and longitude. It is over 1000 miles long and extends from Siskiyou on the north to San Diego on the south, and is nearly 400 miles wide. It contains all kinds of lands and climates from a sea level plain on the ocean front where there is perennial summer and the desert which in places dips far below the sea level, to towering peaks in the high Sierras where frost and snow are perpetual. The best conditions are found in Southern California and the country is rapidly filling up with people who come from every quarter of the globe. In variety and quantity of resources it is an empire in itself and before the Gringo came the natives depended entirely upon themselves for support. Of all the many attractions that it boasts, it can be truly said that the climate is its best asset and is the strong magnet which attracts the people to California and makes them happy and contented.

Climate for health is a great thing when it works, which it does not always do in the manner desired; but climate for comfort and happiness is always in order for those who are able to make the choice and can abide by it.

ALPHOZONE.

A. P. Baird, M. D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

The subject of this paper is a chemical compound of Succinic Acid and Hydrogen Peroxide having for its formula C8, H12, O6, is a white fluffy powder, distinctly metallic taste, soluble slowly in 30 parts of cold or luke warm water.

The inventor of the compound was an instructor in the University of Michigan by the name of Alphonso Clover, a very bright young chemist, as I have been informed.

The firm of F. Stearns seem to control the product. They put it up in vials of tablets or powder.

It is claimed to be a most active germicide and antiseptic, much more powerful than Bichloride or Phenol, or Permanganate, and is entirely harmless; can be taken internally in doses of from one to five grains.

It is recommended in all septic intestinal troubles, especially typhoid and ulcerous and cancerous conditions of both stomach and bowels. But its great merit lies in its action. Germicide properties applied locally in strength varying from 1-100 to 1-1000. A solution of 1-100 will sterilize the hands and instruments of the operator in five minutes, without any other means.

Have used the product for some five or six years (it has been on the market now some seven years, I believe).

Will give you some of my cases and let you judge as to its merits.

Some five years ago I was called to Garvanza to look after a man who got his right hand between the caps of the wheels of a stationary steam engine used by the City Water Company at Garvanza. The thumb was ground to mince meat powder; first joint of index finder showed a similar fate; middle finger not so bad; ring finger less so; little finger escaping with a piece gouged out.

Hurrying him to the hospital I called Dr. Pinkerton to administer an anaethetic. First we gave him an H.M.C. tablet No. 1; one-half hour later got him on the table and seemingly under the influence of chloroform but soon he woke up and all efforts to get him under were futile; resorted to ether with no better success. He was unconscious all the time but required the combined efforts of four nurses, Dr. Pinkerton and myself to hold him on the table. I was obliged to go on with the work under these conditions. Every minute or so, in spite of all the efforts to restrain him, he would swing the injured hand violently around, coming in contact with anything and everything near. To keep it still, to say nothing of keeping it aseptic, was impossible. After 1½ hours' strenuous work, the job was completed. He was put to bed; the wounds dressed with nothing but a 1-500 solution of Alphozone and kept moist all night with same, and so continued; using no other dressing, with not a sign of pus and no soreness after first night.

This experience with the remedy led me to use it in all perineal lacerations with uniform good results. In all cases of circumcision, I use nothing else, and know of nothing so clean and absolutely safe in such cases.

A few weeks ago a man while working for the County, got in the way of the handle of a big scraper hauled by four mules. The result was a laceration of the scalp of about 2 inches. After cleansing with a 1-500 solution of Alphozone; sutured the wound; gave him a 4-ounce bottle of a 1-1000 to keep the wound moist, which we dressed with a pledget of gauze moistened with the same strength. I never saw him again until he came to pay his bill. He then told me he went straight to work; kept the wound moist as directed; had his sister remove the stitches; no sight of pus.

Now comes my last case. This same man's partner while working on the County road in front of my office got his foot entangled in a machine drawn by two mules, called a picker, the picks caught his bootlace and pulled him towards

it, when the picks, as they revolved, gouged large pieces muscle from the upper third of the Tibialis Anticus, glancing off the tibia saved the bone from fracture. It was a large, ugly wound, requiring 22 sutures to close up the gap. I thoroughly cleansed the parts with 1-500 Alphozone, bound a padget of gauze, covered with absorbent cotton; gave him a large bottle of 1-1000 Alphozone to keep it moist, but it suppurated and some skin I had hoped to save sloughed; there were decided symptoms of sepsis, both local and systemic. My faith was a little shaken in the remedy, I confess, so reverted to other means to overcome the trouble, both local and systematic, which happily was successful and the wound healed by granulation.

My object in presenting this remedy before you is to draw out discussion from those of you who have had experience with it that we all may learn more about it. And for those of you who may be unacquainted with it, to get you to try it, for although the last experience was not what I looked for, perhaps it was no fault of the remedy. In such cases septic material may be driven into the tissues quite beyond the reach of any local germicide whose power depends on its coming in actual contact with the germs.

Another very remarkable case I will recite and leave you to judge of its merits, asking you if not acquainted with the compound, to investigate.

A lady came to me suffering from a chronic palpebral conjunctivitis. She had treated it herself for some 6 or 8 weeks with boric acid, but no results. I thought it a very easy case to overcome by using the Silver salts, but after faithfully and thoroughly using them all and all the other lauded remedies of the pharmacopea, it was as bad as ever. I then thought of Alphozone, which I used in strength of 1-2000, 1-1000 with no results. I then used 1-500, which in one day cleared up the case and has remained so ever since, some two months ago.

AN UNUSUAL CASE OF PREGNANCY.

James Beard, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Assn.

Some years ago, a lady in the zone of 28 years of age, consulted me about an ailment which her family physician had diagnosed as dropsy, for which he treated her for over three months.

A careful examination revealed a pregnant uterus, but there was no history of any symptoms, neither were there

any symptoms known to the patient which might be helpful to a diagnosis of pregnancy.

Her family physician gave her electricity and introduced the sound. He informed her there was nothing in the uterus.

However, I assured her there was something in the uterus, but could not say what; it might be a tumor, a kangaroo, or indeed a baby. She assured me that the idea of a baby was out of the question, that the cause of the abnormal development must be something else.

I gave her the benefit of the doubt in my mind, and treated her to reduce the ascitic condition, which responded to the treatment in a few days, and she felt a little better.

About ten days after I commenced treatment, I was summoned to see her as soon as possible. I found my patient to be suffering from what appeared to be labor pains. I had not long to wait before a dilated os was in evidence. In a short time a fully developed six months baby was delivered, but lived only ten hours. I believe if the mother had given it any care, it would have lived. The placenta was delivered and the patient felt much better, improving nicely until the fourth day, when she again complained of pains that were more like labor than after pains, resulting in the uterus expelling a mass of semi-decomposed substance which proved to be the remains of fetus.

This was a case of twins, the one dying in the uterus about the third month, yet the other life was not affected to any extent.

The dropsical condition of the patient was due to absorption of septic material, and had it not been for the circulation between mother and the live fetus, the patient would have lost her life long before I saw her.

This case should prove to be one of special interest to every practicing physician and ought to be an example to those who are inclined to make superficial examinations of their patients.

After a thorough cleansing out of the uterus, the patient made a rapid recovery, and in about four weeks she was quite strong and free from all dropsical symptoms, and my name became great in the city where she lived, for she did not forget the fact that I had saved her life.

Go thou and do likewise.

THE PREVENTION OF POST-OPERTIVE ABDOMINAL HERNIAS.

Dr. O. C. Welbourn, Los Angeles, Cal.

Read before the California State Eclectic Medical Society.

A post-operative abdominal hernia is a misfortune. And, like other misfortunes, it should be avoided when possible. The consistent and persistent efforts of the operator should be given with this end always in view, for by so doing the percentage of patients developing this condition is not only decreased, but in the event of a failure of perfect union, the patient is better fortified to withstand the insinuations of meddlesome friends.

The first and most common cause of abdominal hernia is suppuration; the infection being prior to and usually the cause for the operation. In these cases a drain is needed and the incision is necessarily left open. A large percentage of such cases develop a hernia, but many times it can be prevented by removing the drain early and closing the wound by means of non-absorbable sutures placed at the time of the operation. However, the best prophylactic is to operate at a time sufficiently early so that a drain will be unnecessary, and close the incision at once.

The second most common cause of abdominal hernia is infection introduced at the time of the operation.

It is quite the custom at such times to lay the blame upon the condition of the catgut. And doubtless sometimes it is faultily prepared, but it is the experience of the writer that such a ready assumption inevitably leads to slovenliness in aseptic technic on the part of the operator and his various assistants. There are many sources of infection besides catgut and each of these should be investigated most carefully before a decision is reached.

The third most common cause of post-operative abdominal hernias is the lack of skill in performing the operation. All of us are prone to forget that the tissues suffer from injury, even though the patient makes no protest. Many times we have seen tissues devitalized needlessly by the too vigorous application of pressure forceps. This rule should be remembered, "to do as little damage as possible to accomplish the end sought." Great care should be exercised in closing the incision even though to do so consumes more time than to perform the objective part of the operation. The structures should be closed most accurately with each layer of the

abdominal wall in absolute approximation with the structure, at the same time guarding against a separation of the various layers by the oozing which always follows. For the peritoneum and skin small plain catgut goes very well, but for the muscles and fascia a suture which is less rapidly absorbed is essential. Chromocised or Iodized twenty-day catgut is generally used, but care should be exercised to use no more than is necessary and to make as few knots as possible.

The fourth most common cause of post-operative abdominal hernia is that the patient is allowed to get out of bed too soon. Following a clean operation the incision at the end of ten days or two weeks appears to be quite healed. But it readily can be shown by splitting the incision wide open with a spud or any other blunt instrument that the newly formed cicatrix is by no means strong. At this time the union is no firmer than is that between the segments of an orange. The writer firmly insists that these cases remain in bed for twenty days.

The fifth most common cause of post-operative abdominal hernia is atrophy of the tissues involved, caused by loss of innervation. A great deal has been said about not cutting across muscle fibre, and very little about not cutting nerve structure. I refer now, not to the nerve trunks, but to the smaller branches. A severing of one of these means an atrophy of the structures supplied—a difficulty almost beyond remedy. Such a result usually shows in the tissues closely surrounding the cicatrix, but post-operative hernias from this cause have developed in localities somewhat remote.

In closing I wish to suggest that local atrophic conditions may develop in any part of the body from previously unrecognized degenerative changes in the spinal cord. And co-incidentally this may be a cause of post-operative abdominal hernia.

THE IRREGULAR PRACTICIAN.

Frederick Wallace Abbott, Ph.D., M.D., L.L.D., Tauton, Mass.

Read before the California State Medical Society.

The irregular practician has troubled us, not occasionally and slightly, but frequently and greatly, and, we unhesitantly venture, is likely to remain, ethically, our "thorn in the flesh," quite a while: though an Esculapian, yet we are human.

First, he has sought, or, at least, appeared to seek, to injure our reputation: in our novitiate, he "damned us with faint praise" by terming us "a bright young fellow," "a man who ought to do something by and by," "a hopeful little

chap," and worst, maybe, of all, "an inexperienced student;" later, he declared, alas! our treatment unlike his, called us "too ambitious," and questioned our "rash experiments;" and now, he styles us a "pitiable visionary," and has "no use for these book doctors." Once, when superseding us, thinking, evidently, the quality of the hams in a smoke-house determinable from the shingles on its roof, he has pronounced our cathartic granules "morfeen," and been afraid he could "not overcome their baneful effect;" again, in consultation he has judged our diagnosis "a hypercritical nicety," and trusted "broader experience" would render us "more practical;" and seldom, we fear, has he neglected a chance to "down us" with quizzical looks, expressive shrugs, and ominous reticence.

Second, he has reduced, to all intents and purposes, our fees. "How?" By making night-visits at day-rates, special examinations (thoracic, vaginal, urinary, rectal, bacteriologic, etc.) without additional charge, and unmerited discounts; by performing surgical operations, attending confinements, and treating venereal diseases, half-prices; by waiving mileage, or, to quote an indignant medical neighbor, "riding from Hell to Halifax for nine shillings;" and by locating, with preemptive designs, order-slates in country stores, especially when, as too often, he has radiated therefrom for the "nimble sixpence."

Third, he has appropriated our patients by "ways that are dark and tricks that are vain"; once, as he naively declared, "just to insure rational medication," volunteering to serve a well-to-do farmer gratuitously.

Fourth, he has jeopardized our liberty. "In what manner?" By unseasonably gathering the fruit of the womb, and to avert suspicion, leaving the vestiges of his crime to be effaced by some honorable practician. Thus, in a case recently seen, the operator, because, according to his unsolicited explanation, of his confidence in our discretion and skill, had advised his partner in the feticide to call us "to end the job." —a recommendation unquestionably imperiling, and, therefore, nowise to be coveted.

In conclusion, we have used "irregular" with due respect to its etymologic significance, meaning, not the homeopath, the eclectic, the physiomedicalist, and the osteopath, whom, truth to tell, we have found no worse than their brethren of the dominant school, but all who violate the morals that ought to characterize the noblest of professions. There are such, no doubt, in most communities, and they should be ostracized whenever discovered.

CALIFORNIA STATE BOARD QUESTIONS

HISTOLOGY.

Ten Questions Required to be Answered on Each Subject.

1. (a) Name the stages into which the process of karyokinesis is divided.
   (b) Describe the formation of the acromatic spindle.
2. What features would enable you to distinguish a section made transversely to the tip of the tongue from one made perpendicularly through the skin and subcutaneous tissue of the back of the hand? Make drawings.
3. Describe the histological characteristics of a longitudinal section of the trachea made perpendicularly to the surface of the mucous membrane. Make drawing.
4. What do you understand by the following terms:
   (a) Neurone.
   (b) Dendrite.
   (c) Axone.
   (d) Implantation cone.
   (e) Tigroid granules.
5. Describe the relation that exists between the small stellate and the cells of Purkinje in the molecular layer of the cerebellum. Make drawings.
6. Describe the distribution of the branches of the renal artery in the kidney.
7. Describe a section made perpendicularly through a solitary lymph follicle such as is found in the colon. Make drawing.
8. Name and describe the different varieties of cartilage found in the human body and name a location where an example of each may be found. Make drawings.
9. Name the structures found in the portal canals of the liver. Make a sketch showing the difference in structure, size and relative position.
10. Name and describe the different varieties of white blood cells. Illustrate by drawings.
11. Identify two slides.
12. Identify two slides.

HYGIENE.

1. What conditions, climatic and social, should be thought of in reference to a locality to which you would send a case of pulmonary tuberculosis?
2. What are some of the sequelae of constipation? What hygienic and dietary regimen would you recommend to prevent constipation? What weight of feces should the normal man pass in twenty-four hours?

3. Name three mineral springs resorts in the United States (preferably in California) with brief statement of the special virtues of each.
4. What are the arguments for and against cremation as a method of disposing of the dead?
5. Name three (3) species of tape worm of which man is the host. In what food are they found?
6. Describe hook worm? In what section of the country is it most prevalent? What should be done to prevent it?
7. What is the object and modus operandi of traps on waste pipes? How does sewer gas act inimicably to health? What are the symptoms of sewer gas poisoning?
8. What is the period of quarantine required after the latest exposure to infection in (1) Small-pox, (2) Scarlet-fever, (3) Diphtheria?
9. State the methods by which typhoid fever may be transmitted.
10. Define the meaning of the terms—endemic, epidemic and sporadic.
11. What is the most important requirement that should be made by the State and municipality in order to maintain a pure milk supply?
12. Name four men whose discoveries during the eighteenth and nineteenth centuries did the most toward the protection of the health of mankind.

GYNECOLOGY.

1. How would you differentiate Phlegmanous vulvitis, from Pudendal hernia?
2. Pointed Condylomata, Diagnosis, and Etiology.
3. How would you differentiate a small Ovarian cyst from an inflamatory exudation on the broad ligament?
4. What are the methods of replacing the retro-verted or retroflexed Uterus when movable?
5. Differentiate impaction of faeces, pelvic peritonitis and celulitis.
6. What is the pathology of (a) Hydrosalpinx. (b) Hematosalpinx diagnosis.
7. How would you differentiate inversion of the Uterus from a polypus?
8. What are the results of untreated inversion of the Uterus?
9. Mention some of the causes of sterility in women.
10. What are the precautions to be observed in the employment of a pessary?
11. A hot vaginal douche. For what is it used, how administered? Give technique.
12. What are the symptoms of Atresia vaginae?

ANATOMY.

1. Discuss the deep epigastric artery giving its origin, course, branches and principal structures with which it is in relation.
2. Describe the relationship of the bony points of the elbow when forearm is fully extended and when forearm is in extreme flexion.
3. Describe the renal circulation.
4. Give the distribution of the following intercostal nerves, second, sixth, seventh, tenth and twelfth.
5. Describe the azygos veins.
6. Describe the lymphatics of the mediastinum.
7. Describe the popliteal space; giving boundaries, relations and contents.
8. Describe the origin, course and distribution of the phrenic nerve.
9. Discuss the anatomy of the appendix as an etiologic factor in causing appendicitis.
10. Describe the vesical trigone.
11. Describe the internal abdominal ring. (b) Describe the external abdominal ring.
12. Give the relations of the common carotid artery in the neck.

GENERAL DIAGNOSIS.

Do Not Give Pathology or Treatment Unless Necessary for Diagnosis.

1. Give the aetiology and symptoms of acute pulmonary oedema.
2. Differentiate hydrocele from inguinal hernia.
3. (a) What may cause enlargement of the cervical lympatic glands? (b) Give differential diagnosis between any two of these conditions.
4. Differentiate osteomyelitis of a long bone from acute rheumatism.
5. Describe the appearance of the eruption in: (a) Measles. (b) Scarlet Fever. (c) Rubella. (d) Herpes Zoster. (e) Urticaria.
6. Describe manic-depressive insanity.
7. Describe a typical attack of croupous pneumonia.
8. Describe epidemic cerebro-spinal meningitis.
9. (a) What diseases show a low hemoglobin index? (b) Give the diagnosis of uncinariasis.
10. Describe a complete method for examination of the chest when pulmonary tuberculosis is suspected.
11. Describe the tuberculin tests. Discuss their value briefly.
12. Define: (a) Embolism. (b) Thrombosis. Give symptoms of pulmonary embolism.

CHEMISTRY AND TOXICOLOGY.

1. Name and describe the chief compounds of sodium.
2. What reaction takes place when carbon dioxide and lime-water are brought together? Give the equation.
3. Give the properties of chlorine. State its source and mention the most important of its compounds that are used in medicine.
4. Describe four tests for ammonia.
5. Give the chemical formula and chemical name of laughing-gas. How is the compound made?
6. How would you combine cream of tartar, baking-soda, and cornstarch to make baking-powder?
7. How do you determine whether a given white powder is HgCl or $HgCl^2$?
8. Describe collodion and celluloid.
9. Name the three classes of carbohydrates. What compounds do they include?
10. How is oxalic acid made? What is the antidote for oxalic poisoning?
11. Give two methods for distinguishing tartaric acid from citric acid.
12. What antidote, and in what quantity, should be given for poisoning by Iodine? By Lunar Caustic?

PATHOLOGY.

1. Of what is pus composed? Describe its formation and development.
2. After traumatic injuries name three structures or tissues which are likely to be replaced by normal tissues and three which will be replaced largely or entirely by scar tissue, and how will this scar tissue differ from normal tissue.
3. After death from long continued or chronic malarial poisoning what organic changes will be found?
4. Describe the structural or organic changes which take place in the heart as the result of arteriosclerotic disease of the coronary arteries.
5. What organic changes are likely to result from severe and long continued asthma?
6. How does the condition in bronchial pneumonia differ from the condition found in lobar pneumonia, and what differences, if any, in the causes producing these two conditions.
7. Locate and describe the changes which occur in Landry's paralysis (acute ascending paralysis) and name principal causes.
8. Locate and describe the changes in Multiple neuritis and give the principal causes

9. Describe the changes in the skin in acute and chronic eczema.
10. Discuss the relationship between arterio-sclerosis and chronic interstitial nephritis.

OBSTETRICS.

1. What is the (a) primary, and (b) secondary dangers of ectopic gestation?
2. Discuss the matter of Caesarean section in presence of sepsis or in suspect cases? What other alternatives have you?
3. What is the greatest danger from retained placental remains after delivery?
4. What are the four cardinal points of presentation? Give number into which each are divided?
5. What do you understand by a compound presentation and how would you manage it?
6. Give one number and names of the joints of the obstetric pelvis?
7. In Gonorrhoea or suspect cases what means during labor would you pursue to avoid puerperal infection?
8. Describe the delivery of the shoulders in head presentation where the perineum is threatened?
9. How would you differentiate between septic lymphangitis and septic phlebitis in the puerperal stage?
10. Discuss the matter of craniotomy on living child? When, if ever, are you justified?
11. Give the attachments of the peritoneum to the uterus? What are the other supports of the uterus?
12. Describe the mode of an intra-uterine irrigation following labor, and give conditions justifying or demanding this measure?

PHYSIOLOGY.

1. What changes take place in the neurone on the central side of a lesion?
2. Discuss the inhibition of reflexes.
3. Give proofs of the existence of sensory nerves in muscles?
4. Describe the (a) accommodation reflex, and (b) light reflex of the sphincter pupillae.
5. What are the functions of the leucocytes and under what normal conditions is there a variation in number?
6. From what and how is lymph derived?
7. What causes the tonicity of the heart muscle?
8. Describe the aspiratory action of the thorax.
9. Describe the nervous mechanism of vomiting.
10. What are the functions of saliva?
11. What is the function of the parathyroids?
12. What are the functions of carbohydrate food?

BACTERIOLOGY.

1. How is the material obtained which is used to counteract the effect of the bite of a rabid dog?
2. What role do bacteria play in the production of Ptomaines?
3. What happens if a rabbit is infected with a virulent culture of Bacillus Anthracis? Explain in detail.
4. What produces Glanders, Relapsing Fever, Plague, Osteomyelitis, Favus?
5. How does Tetanus toxin injected into a muscle produce muscular spasm?
6. Define Complement, Ambocepter, Symbiosis, Endotoxin, Antigen.
7. State how you would determine the nature of a Dysentery. Give detail of findings.
8. How does the Hookworm usually gain access to the intestine? Give two ways.
9. Discuss, not over one page, Treponema Pallida.
10. How would you determine the presence or absence of pathogenic germs in a punctured wound?
11. How do tapeworms propagate?
12. How would you distinguish between a case of Tertian Malarial Fever, and one of Aestivo-Autumnal Fever? Describe findings.

BRAIN FAG.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

A preacher requested the writer to call and see him and gave the following statement:

He had been a school teacher some fifteen or twenty years previous to his present illness but ceased and had been preaching. Several months past he had accepted a large school and on falling heir to some advanced classes he has discovered that his old time teaching "was not in it" and that he had to study until late hours at night to be ready for his classes next day. Added to this was all of the preliminaries to look after. Some week or ten days ago he failed to sleep nights for several nights and had called in "a regular" physician who, of course, gave him a "hypo" of morphine which not bringing the desired sleep was repeated and the result was a very undesirable condition—no sleep for forty-eight hours. A wild expression of his eyes, cool extremities, no appetite, and was fast becoming afraid of people, though he had not ceased teaching. I informed the brother that he must cease his mental work at once or he would in a short while go into the Great Beyond or an asylum for the insane. He

promptly remarked that he would teach the remainder of that week and if he was not improving, he would take a rest—result, sent to the asylum.

A man who had, as did the young man of old, great possessions requested the writer to examine him "to know if he was sick." He "sized up" all of his business every day but recently was made quite weak by a most terrific prespiration which would last several hours and only ceased after giving him active stimulants and much brisk rubbings. I decided that he was doing too much mental work and advised him to cease at once to attend to any business and retire to some watering place. He decided that I was correct and left in a short while. He rapidly improved, but, although he lived ten or a dozen years, he was not mentally strong enough to look over his business without symptoms of a break down.

I was recently called to a young preacher who had worked too hard—"could not sleep"—and had been treated by " a regular" who gave him 1-30 gr. of strychnine which promptly drove the little sleep away that a change of locations and environments had induced. I advised him to cease all mental work, not to talk or listen at others. He is improving but will never be the man mentally he was before this "break-down."

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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ATTEND YOUR SOCIETIES.

During this month there will be held the annual meetings of our local and State societies, and next month there will be the National. In holding these annual gatherings two things are attained—the betterment of the Eclectic cause and the betterment of the members individually. A doctor may have a good deal of knowledge and years of experience, but he can learn something of value to him at each of these meetings unless he be a born and cultivated egotist. It is worth while to make some sacrifices to attend these meetings from a purely selfish point of view. Don't expect to stay at home and get it all in the Journal later, for you will be disappointed. The sentence fraught with wisdom that "pops out" during extempore discussion is lost forever except to those who are present and hear it. Don't forget the dates —the first Tuesday in May, the third Tuesday in May and the third Tuesday in June.

THE MEDICAL TRUST.

The following extract from the Hastings Daily Republican of Hastings, Nebraska, is made because of its brevity and point. Dr. Robinson is having the fight of her life and deserves our sympathy—apparently she does not need our help. This is not an isolated case but one which is as much like many others as are two peas grown side by side in the

same pod upon the vine. In other words, it is the same thing. These insolent attacks are as wide-spread as is the nation, and the complete organization of the "regulars" can be met only by a like organization of the irregular forces. The extract is well worth reading, if you like to think.

On receipt this morning of official notice from the secretary that she had been dropped from the membership of the Adams County Medical Society, Dr. Amy Robinson announced an exposure of what she says is a condition of affairs in the local society that is a public menace.

"It is not for myself that I propose making these disclosures," she declared, "but because I think the public should be protected or should at least have the facts in order to protect itself.

"I consider it dangerous to the public welfare when such a body declares a boycott, as was done by a vote of the society recently, on nurses who work for osteopaths. And, too, when they threaten members who associate with osteopaths.

"These things were done over the protest of a part of the membership and in spite of our votes. Within the past year the whole policy of the society has changed. It is now committed to the policy of the national medical 'trust,' and is itself a small local trust.

"The national trust is working for the government bureau of public health, the Owens bill. By it they expect to control the healing business and to make illegal every other school than the 'regulars.' Those in control of the local society mean to clear out no matter what the pretext, all who oppose.

"It was not because I am an eclectic that they forced me out, for I am a member of both the allopath and eclectic schools, but because I am opposed to the trust.

"If possible I would have stayed in the society to combat the new tendencies, but since their vote to make me renounce one or the other society I have dropped it. I had none of my friends at the last meeting, March 6, and in view of the recent tendencies feel some relief in being free of the responsibility that their acts cause me."

Dr. Robinson insisted that the resolutions of the society, copies of which she had made be submitted to the public. The resolutions, the first passed in January, and the second at the February meeting, follow:

"Resolved, That it be and is the sense of this society and its members that in the future no member of this society will recommend or employ a nurse who nurses for and under the guidance of an osteopath except in emergency."

"Resolved, That it is considered unprofessional, unethical and beneath the dignity of any member of the Adams County

Medical Society to consult with or affiliate in any way professionally, except in emergency, with an osteopath, but a gross violation of the constitution and rules of the American Medical Association.

"It shall be the duty of the board of censors to reprimand any member violating this resolution privately for their first offense.

"For the second offense the board of censors shall suspend members from the Adams County Medical Society, the length of time at their discretion.

"The third offense they shall be expelled from the Adams County Medical Society by a two-thirds vote of its members."

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, Ky., June 18, 19, 20, 21, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles May 7, 1912. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on April 2nd at the usual hour and place.

The name of Dr. W. C. Bailey, Holtville, was presented for membership and the doctor was unanimously elected.

Dr. A. P. Baird read a paper entitled "Alphozone," which was discussed by the different members present.

The next meeting on May 7th will be held in conjunction with the regular annual meeting of the Southern California Eclectic Medical Association, when there will be the usual all-day session.

Adjournment.

P. M. WELBOURN, Sec'y.

B. R. HUBBARD, Pres.

THE TIME APPROACHES.

The next meeting of the National is not far off. What arrangements have we made to attend this meeting? What excuse have we invented for not doing so?

Let us consider the matter a little. This is the first time in the history of the Association that it has approached the National Capitol. We are, therefore, on exhibition at the most noted center in the United States, if not in the world. Are you going to lend your aid to make it also the most noted meeting in the history of the Association? If not why not? Every one is aware that it requires a sacrfice on the part of all; or at least a seeming sacrifice. To leave our business, spend our money and time to attend this meeting, but those of us who make the pilgrimage yearly know that it is not a sacrifice to do so, but an absolute advantage. It broadens us out, relaxes tension and makes us feel the necessity for closer union of our forces. It also pays in dollars and cents when one casts up the columns.

Many of us, I will venture to say, have never visited the National Capitol, and therefore, do not realize the educational benefits to be derived from a visit of a few days in that city. Congress will be in session, hence the city will present the life that is usual to it.

Let me urge as strongly as I can, that all who can will go. Let us make as good a showing for our school as we possibly can. The accommodations which our Committee of Arrangements and Entertainment have secured are the best and extremely reasonable. The cost will not be excessive as it will be the season of Tourists' Rates. Go then and see Washington. Take part in the work of the Association, and by your help make of this meeting a grand success. We have labored hard for a year. We will labor to the end. If you do your duty the end will be what it ought to be. Fail to do so, and success can not be attained. STEPHENS.

RATES TO THE NATIONAL.

There are no reduced round trip rates to Washington, except via Norfolk, Va., and steamer. Sixty-day circular tours to New York City, via Washington, with a different route returning, are very well arranged and only slightly higher, and in many cases, less than round trip to Washington. These are approximately as follows, as based on last year's tariff:

	To Washington, D. C.		
Los Angeles	$77.25	$107.50	$107.50
Lincoln, Neb.	28.60	57.20	51.60
Kansas City	27.25	54.50	49.40

Omaha	27.50	55.00	49.40
Boston	10.40	20.80	.....
New York	5.65	10.00	.....
Buffalo	10.63	21.26	.....
Pittsburg	8.00	16.00	.....
Cincinnati	13.50	27.00	28.55
Cleveland	11.00	22.00	29.35
Chicago	17.50	35.00	34.40
Indianapolis	15.00	30.00	30.80
St. Louis	19.25	38.50	41.10
Atlanta	16.75	*31.50	.....
Nashville	19.40	38.80	39.85
Dallas	37.05	74.10	67.80

*via Norfolk and steamer.

Hotel headquarters at Arlington Hotel. Rates on the European plan, $2.00 per day and upward. On the American plan, $4.00 per day and upwards. Don't forget the dates, June 18, 19, 20 and 21, 1912.

Very sincerely,

JOHN D. SCUDDER, M. D.,
Secretary Committee on Arrangements.

COLLEGE NOTES.

Herbert T. Cox.

As the month of April passed by, it was recalled to our mind that a horrible earthquake and conflagration occurred in San Francisco on April 18th, 1906. During the course of this fire the California Medical College was totally destroyed by fire and for one year thereafter existed in the form of ashes and upon paper. Because of the financial loss sustained by the Professors the only salvation for the College was to turn it over to the few Eclectics that then inhabited the southern end of the state. This was accomplished on August 12, 1907, and in a short space of time a building was secured and remodeled, and a faculty organized, so that on October 7th, 1907, college opened (as the California Eclectic Medical College) with a small number of students who had been also suddenly collected.

Some who are now in College happened to see this transplanted institution begin its second embryonic life. It it now with interest that we look back (over these four years) and review its gradual growth, up to where it might again understand the inroads of its environment. Although it makes no great display today (its purpose not being to make a display), it shows a steady healthy growth, with improvements in many different ways each year. Each year has always

seen some improvement over the year preceding, and from year to year the principle lecturers have improved, until now the college possess some next to none and has an enrollment of students equal to many colleges that have been established longer, and in fact has as large an enrollment as it had for several years when in San Francisco. Because of a smaller student body than some of the large colleges possess it does not make an elaborate display in building equipment, etc., but each individual student has necessary equipment in laboratory work, and in lecture and clinic work has the advantage of more personal instruction, and every student is aware of this fact, too.

In the summer of 1907, the college was removed from its temporary location at 846 Lyon Street to its present location at 337½ South Hill Street. By this move it gained a much more desirable and larger building, and also a much better class of clinical patients, besides being much more easily reached by the students and professors. And also during this time much has been added in the way of laboratory advantages, so that now every graduate who has applied himself thoroughly to his studies during his four years will go out with a confidence that he knows how to combat disease as well as the next fellow. All the students are thoroughly interested and aim to boost for a big year next year, and we hope that each anniversary of the transplantation will show improvement over the preceding one. So Hurrah! for the C. E. M. C. from students and faculty.

The student-body aims to make its last meeting for the year, which occurs Monday, May 6th, at 7:30 P. M., an extra interesting one. So the students have planned an open meeting to which the faculty are invited to see what we do when we are left to ourselves. There will be papers read by two of the students, and the important event of the evening will be a lecture by Prof. Hubbard upon the subject of "Hernias." We cordially invite each professor and their friends and any one who is interested to attend.

NEWS ITEMS.

Dr. Sophia Billenkamp, St. Louis, has sent us a year's subscription.

The Texas Eclectic Medical Association meets in Waco, on May 15th and 16th.

Dr. T. Doyle, Kansas City, sends his renewal through Ellingwood's Therapeutist.

Dr. W. T. Ray, Gould, Okla., sends his subscription for one year to the Journal. Dr. Ray is a member of the Democratic State Central Committee.

Dr. W. C. Bailey of Holtville, Cal., attended the last meeting of the Los Angeles County Eclectic Medical Society.

Dr. L. A. Pierce, Long Beach, has been ill for some weeks with erysipelas, but is convalescent at this writing.

Dr. and Mrs. H. T. Webster, Oakland, were visiting the Great Pyramid of Egypt during the middle of March, according to a card received.

A consignment of small forest trees was recently received by mail from Dr. Harvey Wicks Felter of Cincinnati, Ohio, for the College Botanical Garden.

Dr. Conaway, who has been visiting in this city, has handed to us a year's subscription to be sent to his brother, Dr. H. O. Conaway, Reynolds, Nebraska.

The wife and daughter of Dr. J. F. Barbrick have gone to the Imperial Valley to get the benefit of the desert climate for asthma, from which the daughter suffers.

The annual meeting of the Tennessee Eclectic Medical Society will be held in Nashville, May 21st and 22nd. The program promises an interesting meeting with animated discussions.

The annual meeting of the California Eclectic Medical Society meets in San Francisco on May 28, 29, 30, at which an unusually large attendance is expected. The headquarters will be at the St. Francis Hotel.

Dr. H. L. Henderson, Astoria, Oregon, writes that he will be unable to attend the different Society meetings this year because of the time necessarily consumed. The doctor enjoys the distinction of being one of the few doctors who occupies the chair of Mayor.

Dr. G. W. Harvey, who recently located at Bigpine, Cal., for health reasons, has opened up a sanitorium. He makes a specialty of chronic diseases and employs all kinds of baths and electricity as well as medicine. He formerly conducted the "Great Salt Lake Hot Spring Sanitarium," in Salt Lake City. It seems that the Inyo Valley is rapidly becoming a health resort.

At a recent meeting of the Los Angeles W. C. T. U. six hundred members of that organization put themselves on record as opposing the Owens bill and all similar oppressive medical legislation. Their disfavor was expressed in a very forceful and elaborate set of resolutions; which shows that the leaven of publicity is rapidly spreading.

A NEW THYROID PREPARATION.

To Dr. S. P. Beebe, Ph. D., Professor of Experimental Therapeutics in Cornell University Medical School, the profession is indebted for a new and valuable preparation of the active principle of the thyroid gland. It is a carefully standardized product, consisting of certain proteids of normal glands, extracted, purified and adjusted to a content of 0.33 per cent. of iodine. Its preparation has been entrusted to Messrs. Parke, Davis & Co., and the product is offered to the

The California Eclectic Medical Journal

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Original Contributions

PRESIDENT'S ADDRESS.

H. V. Brown, M. D., Los Angeles.

(Read Before the Southern California Eclectic Medical Association.)

Members and Friends of the Southern California Eclectic Medical Association:

I greet you all as devoted exponents of the cause of progressive, liberal medicine—"Eclectism," the latest definition of which is couched in these words by Dr. P. M. Welbourn: "The good of everything and the bad of nothing," which is saying a whole volume.

You doubtless recognize that I stand before you in the capacity of chairman with a great deal of diffidence. The noble patriarchs before me who have blazed the trail of Eclectic medicine, can but inspire us with reverence and cause us to hesitate in the expression of ideas and opinions lest they fail to harmonize with those held by them.

I believe this school of medicine of which we are justly proud, was intended to be, should be, and is a progressive school. Taking an inventory of the many glorious achievements in medicine, both scientific and clinical, we are bound to realize that in actual practice the definite, dependable measures, long though the list may be, are few enough. Therefore, we should be liberal and progressive enough to adopt as our own any measure which has passed through the crucible of long experience and found not wanting, regardless of its parentage.

It is a proverbial fact that in the inauguration of any great reform, the pendulum generally swings too far, but time, the great regulator of all economic conditions, soon turns the screws of adjustment and has things as they should be. Probably this is about what occurred in the history of this school, but we are now happy in the fact that we have as a result the most perfect working system for the relief of human ills that has yet been offered.

Personally I have been allied with one political party for about sixteen years but I always reserve the right to vote as my judgment and conscience dictates. No one party has a corner on all the good men, nor all the good prineiples. Likewise a remedy or plan of treatment must be judged strietly upon its merits, regardless of authorship, if we would be true "Eclectics."

Allow me to suggest with the hope that I may not be elassed as a pessimist, that the medical profession is beeoming so strongly commercialized that the inherent desire on the part of the doctor to help fellowman is being overshadowed.

It has oecurred to my mind, that the best and most effective way to popularize our school and put a kink in the Christian Scienee wave and a great many other wavelets, is to let it be known that we not only doctor the siek, but we teaeh people how to live and thus prevent siekness. I believe there has been a growing tendency to lose sight of the faet that a very large sum total of all human ills are caused either dirceily or indirectly by some persistent violation of the laws of hygiene and dietetics, Assuming this to be correet, it follows that any treatment to be successful must be prefaeed by a rehearsal of these wrongs. Apparently this takes too mueh of the busy doctor's time, and is eonsequently too often neglected. The patient is looked over superfieially and given a few pills and the results are not always such as to inspire eonfidenee.

I firmly believe that as a elass, Ecleetie M. D.'s are very eonseientious, in fact, a diploma from an Eeleetie school is sufficient to indemnify one's eonscience against going astray.

We must let the people know that we have the rare eombination of the doetor who dispenses medicine when neeessary, but with every ounce of medicine goes a wealth of detailed instruetion which outweighs all else.

I believe in conservative surgery, especially the kind I heard of the other day. A gentleman said to his friend: "I am glad you're getting the better of your laryngitis, old ehap. Is it true the doetor had to operate on you?" To whieh he replied: "He thought he had to anyway, blame him; he cut out my eigarettes." That is what we ought to do in every ease. Dig into the history of the patient, find out what he is doing to ruin his health and make him stop it—operate on him. He is then more than half eured.

What we need is more real doetors and fewer so-ealled specialists; speeialists for revenue only.

There is the same demand for insurgeney and reform in

the medical world that there is in the political world, and the fellows who start in right and keep it going, are going to make themselves solid with the people. When this movement COMES, as it must do sooner or later, look out for a slump in the SPECIALIST market. The strides we have made in the development of plant remedies and their therapeutic application are too wonderful to be realized by the laity but there is an insistent demand for revolutionary work in other lines which would loom up large on the horizon and appeal to the suffering public.

FOREIGN LETTER.

H. T. Webster, M. D. Athens.

The favorite route of tourists, from Jerusalem to Constantinople is onward from Damascus to Beyrouth, where steamer connections are made to various Mediterranean parts. Formerly, the trip was made by carriages or other slow conveyance; but now a French railway connects Damascus and Beyrouth and the trip is deviated from the direct route, taking a branch railway about midway between the two places, to visit Baalbee, the site of the ruins of Heliopolis, where a great pagan temple was erected by the Romans early in the Christian era.

Here the Sun God, Diana, was worshipped. In the same inclosure was a temple to Bacchus, and one to Venus. The principal temple was the temple to Diana. These ruins cover several acres of ground, and indicate the existence of what was once one of the most magnificent edifices the world has ever known, or that the world will ever know again; for money could hardly have bought what these ruins proclaim, and the days of slavery among civilized people are now at an end.

War, earthquake and weathering, have defaced much of the fine sculpturing that adorned this massive and magnificent structure; but excavations made in comparatively modern times have uncovered fragments of friezes bearing some very fine work in almost complete preservation; and from these it is easy to restore defaced carvings to the mind's eye, and comprehend the magnificence of the plan.

The size of the monoliths in this structure is amazing Hewn blocks of stone thirteen or fourteen feet in length and six or eight feet square are common in the walls; and in a quarry near by lies a huge hewn block more than seventy feet in length, fourteen feet in width and thirteen feet in thickness which indicates that the temple was never completed.

The crowning glory of the immense building, which covered four or five acres, was a temple of collonades, consisting of seventy columns supporting a superstructure of carved lion heads and bull heads, with five ornamental carvings between, now much defaced. Seven of these enormous columns are still standing, topped by a section of cornice. Each of these columns is solid granite, once highly polished, more than seven feet in diameter, and seventy feet in length, from base to crown. Three monoliths make up each column, so nicely joined as to leave, during the nearly two thousand years of their existence, little trace of the joining. One of these columns, which fell long ago, has been buried for ages, and has recently been excavated, still showing a high polish.

The entire building is elevated upon an artificial platform, twenty feet or more in height, giving the building an imposing position above the surrounding plain. No tongue or pen can adequately describe the magnificence of these ruins; they must be seen to be appreciated. Every traveller in the Orient should visit Baalbec. Egypt affords nothing more awe-inspiring in the line of ruins.

Theodosius destroyed much of the interior of this temple two or three centuries after its erection, and converted it into a Christian church; then the Arabians took possession and converted it into a fortress. Meantime, an earthquake had shaken it up, and thrown down some of its walls. For ages it lay more or less buried in debris, though its still standing lofty columns towered above all; and in recent time the German government has excavated and cleared out the rubbish.

Baalbec stands on a fertile plain between two ranges of snow-capped mountains—the Lebanons and Anti-Lebanons. The Lebanons face the eastern shore of the Mediterranean, and the Anti-Lebanons parallel them twenty, thirty or forty miles to the east. The cedars of Lebanon furnished timbers for the temple of Solomon, at Jerusalem. Some of these trees are still standing, but though timber is very scarce in that region it is said that no one dares attempt to cut one down, for it is believed that any one striking an axe into this timber will be instantaneously struck with death. And so these ancient forest giants, companions of those which travelled by way of the sea to Joppa, at the beck of King Soloman, overland thirty miles to Jerusalem, stand unmolested to this day.

We crossed the Lebanon mountains by moonlight, and the scenery was grand. The western slope is precipitous, and the railroad accomplished the descent by a series of switchbacks. Our train arrived in Beyrouth after eleven o'clock, and it was midnight before we were in bed. Our visit to Baalbec short-

ened our schedule, so we had no time to view Beyrouth, except from the sea, after embarkation; for we were hurried on board our steamer immediately after breakfast the following morning. No vessels lie at the wharf here; and, in fact, we were in no part on the Mediterranean where this was accomplished; landing being made by means of lighters, or rowboats. Only at Constantinople did our steamer tie up at the dock. As we were rowed out to the steamer we observed signs of recent strife. A partially submerged gunboat lay on the bottom near the shore, with a yawning gap in its side, through which the water poured in and out, as the waves rose and fell. The Italians had been there and left their mark. The roofs of the buildings near the shore also bore evidence of the recent visitation of shells. One passed through the window of the principal bank, taking away half the cash, and stirring things up inside. Something like a hundred and fifty people were killed in this scrimmage.

At ten in the morning our steamer, sailing under the French flag, sailed out to the westward, for the island of Rhodes, our first port of call, arriving on the evening of the second day, about six o'clock. Our schedule called for a landing of our party here to view the ruins of the ancient castle of the Knights of St. John, who were once the possessors of the island, but were ousted by the Moslems, who have since retained possession; but the harbor is too shallow for modern steamers, and, as the open roadstead was rather boisterous, we preferred to remain aboard. About a year ago a touring party landed here and, a storm coming up, they were stranded for a fortnight, a casualty we were anxious to avoid.

The city of Rhodes contains several thousand inhabitants, the entire island containing about thirty thousand in all. At the entrance of this harbor once stood one of the seven wonders of the world—a colossal bronze statue, which was long ago broken up and sold to the Jews for junk.

After a couple of hours consumed in taking cargo from the lighters, we sailed to the northward, passed the island of Patmos about five the following morning, and soon were surrounded by islands on every side. We were in the Aegean Sea, among the isles of Greece, "Where burning Sappho loved and sung." All day we steamed past these islands, late in the afternoon turned into the gulf of Smyrna and at six in the evening cast anchor off the ancient city of this name. That evening, accompanied by a guide, we landed and strolled through the quaint, narrow streets and arcades of this old town, having a carriage ride to the heights above the city and points of historic interest for the following day. That evening

we departed for the part of that pride of every Moslem heart, Constantinople, where we arrived the morning of the second day.

Smyrna is a city of four or five hundred thousand inhabitants and is one of the important places of ancient time. Its port is now guarded by four or five miles of submarine mines, through which our steamer was guided in and out by a Turkish tug. Both before this city and the Dardanelles in the strait—probably five or six—lying at anchor, were some warships, but Turkey has no desire to lose them in a fight on the open Mediterranean, for Italy is too strong for her on the sea. However, new ships are being built, and it is possible that naval conditions on the Mediterranean may yet be reversed. It is a case of "dog eat dog," and I am free to observe that my sympathies are not enlisted on either side.

THE REALITY OF DRUG ACTION.

M. F. Bettencourt, M. D., Fort Worth, Tex.

The presentation as a fact of the idea that one physician can obtain better results from a drug than a fellow physician who is, therapeutically, equally well acquainted with the agent, has always seemed hyperbolical to me. It has always suggested the idea of unconscious exaggeration—self-deception—by the one or then a rather incomplete knowledge of the agent by the other.

In justice to ourselves and the remedies we employ let us not lay down quite so much credit at the feet of "mental suggestion" for we thereby unjustly deceive ourselves of the real capabilities of our remedies and rob our therapeutic agents of that praise which is justly due them. Upon just such unfair views did medical nihilism wax and grow fat.

Mental suggestion, like "Christian Science," does do good when no wrong exists—except in a perverted imagination or when in disease we have to contend with a "depression of spirits" in addition to the real malady. One may be temporarily deceived into imagining he is better or even well, but such deception is transient in the case where a real ill exists. The man who, during these days of torrid heat, is so forcibly impressed by the influence of hypnosis—suggestion—with the idea of frigid coldness that his teeth chatter and his habiliment is but half sufficient, soon comes to a realization of his real status when again he becomes himself.

Suggestion, in the form of encouragement, does assist in

the winning of many battles, but only by arousing in the fighter sufficient mental stamina to embolden him to stand up and face the foe until the well employed weapons of defense have driven the enemy from the field.

Every remedy rightfully employed has an inherent power which is a reality capable of demonstration regardless of the personality of the one by whom administered. Failure in its use is usually the result of faulty judgment in its selection or because the "vires vitales" have become so exhausted that even under the restoring action of the remedy no lasting benefit is obtainable.

Let us in our daily work study our drugs systematically and endeavor to understand them thoroughly in regard to their symptomatic adaptabilities to disease; observe carefully, with relation to the individual, the results obtainable from their various sized doses and we shall not fail to obtain results equally as favorable as when the drug is dispensed by other carefully observing hands.

CANCER.

E. Mather, M. Sc., M. D., Detroit, Michigan.

Ladies and Gentlemen:

I am about to draw your attention to a few remarks on our vitality, living, work and society. While I was in England I had the privilege of seeing all kinds of cancers. Among the majority found is the chimney sweep. Persons among smoke and gases are more affected with cancer than others. This will go to show that cancer is caused by an irritation. We also find that in civilized countries it is rapidly increasing; and where tuberculosis is decreasing cancer is increasing at the same ratio. We find in certain parts of England that one man out of every eleven and one woman out of every seven die with cancer—persons over 35 years of age; and it is found to be on the increase in all civilized countries.

Where do we find cancer patients? In my experience I have found them in large cities, where there is a great deal of smoke, and in persons living in low damp dwellings, also in those in rundown condition from overwork. It is a fact that the persons most likely to suffer from cancer are those who are on the rush, without proper rest in such run-down conditions, receiving slight bruises, irritation or shocks.

The death rate from cancer you will observe varies according to the trades and professions. Year by year this point grows so interesting that a table is prepared showing the mortality figures. It is noted that chimney sweeps take the lead, next come cooks and servants in hotels, and general laborers

rank third. Next in order come seamen and merchant service, tin-plate and copper workers, chemical and lead manufacturers, wood turners, bottle makers and wood cutters. Thus we learn that persons working with irritating materials belong to the class most subject to cancer.

We find that the treatment of cancer, which was formerly considered hopeless, has in the last few years undergone a great change. In the earlier stages it is now as successfully treated as any other disease. By the term "earlier stage" I do not mean while the tumor is small, necessarily, (for we may be equally successful with tumors of a very large size) but that the disease is still in an amenable condition to active treatment and as yet has not become constitutional.

My experience has extended over a considerable number of years and leads me to the general conclusion that cancer is primarily local. The opinions of eminent pathologists and surgeons who have made a study of this terrible disease differ greatly, but the weight of evidence I think inclines towards my view, and is further confirmed by my observations at the cancer hospitals and in private practice. For example, cancer of the lip, breast, tongue, skin, is in the greater number of cases recorded as being caused by some local irritation; consequently I do not classify such cases "hereditary"; yet there are exceptions, and a predisposing cause must, I believe, exist.

In a large number of cases of cancer and tumors it is wise to leave them alone. In cancer it is most desirable to induce the disease to become atrophic, a term applied to tumors dying through lack of nourishment, for when in this state they may remain for years inactive and dormant, giving rise to little or no inconvenience or suffering. On the other hand, by injudicious interference great activity may be set up, and growth and development of the disease accelerated.

You will note that a great deal of harm may be done by the use of strong and stimulating pastes, ointments and liniments, such as iodine, acids, etc.; and very few persons escape such treatment during the early course of the disease. It is very necessary that any one suffering from cancer should clearly understand that the absolute and complete removal of the disease is the only method by which a healthy condition of the part affected can be restored. Non-malignant tumors may yield to other means, but cancers, I believe, never will. Therefore, the question to be answered is, which is the least painful and most certain method of effecting this; and, by the way, a number of different plans have been recommended. Some use acids, chloride of zinc, caustic of arsenic, gold, bromide, antimony, Sanguinaria Canadensis, Vienna caustic, etc.,

while others use the knife, the galvanic eraseur, ligature electrolysis, the actual and thermal cautery, the Michel process, and the Mattaie treatment. As internal remedies: Codliver oil, mercury in various forms, iodine, iodide of potassium, bark, soda, potash, sarsaparilla, opium, morphia, nitrate of silver, belladonna, camphor, guaeho, chian turpentine, etc.

You have also heard the various lectures delivered by Prof. L. D. Rogers, about his trips through Europe and the various methods used abroad for the treatment of cancer. You will observe that an entirely different method of treating cancer is employed today, compared with what was used some twenty-five years ago. You will notice that operations are not so frequent; in fact the majority of the leading surgeons not only in America but in European countries have discarded the knife. The proofs have been shown you right here by the patients brought under your notice from time to time.

Now a word about the condition of our alleys. All alleys should be provided with receivers for ashes, tin cans, bottles, garbage, etc. These receivers should have closed lids, one opening in the alley and one opening inside the enclosure, thus keeping all smells of decayed matter, also flying of ashes, inside of these receivers, thus preventing dogs and cats from spreading disease, as dogs are most susceptible to cancer. It would be wise to have these receivers emptied at night, thus preventing all offensive odors from being brought through the streets during the day.

All persons having the least suspicion of cancer should consult a competent physician, have the growth examined and treated, thereby escaping perhaps a great amount of suffering.

THE PRACTICAL STUDY OF MATERIA MEDICA.

By Eli G. Jones, M. D., Burlington, N. J.

I read with much interest the article in your April Journal by Dr. J. A. Munk, on "A Demonstration in Materia Medica." It is a grand idea to have a "College Botanical Garden," where the students can see the plant growing in its natural state. The students should test these remedies on the human body in health, then they can get a pretty accurate idea of what the remedy will do in diseased conditions. Dr. William Paine, Dean of the Philadelphia University of Medicine and Surgery, was the best authority on "drug action" in the Eclectic School of Medicine. He graduated at Allopathic, Eclectic and Homoepathic Colleges, and had studied the whole realm of drug action. He not only tested remedies himself on the human body in health, but his students used to test the remedies in this way. The result of the " provings" of the remedies, you

will find in his "New Remedies" published in 1865, and another edition in 1886. This book was a valuable addition to our Eclectic literature. Dr. Edward M. Hale, one of the best men on Materia Medica of the Homoepathic School, paid a great compliment to the Eclectic School when he said: "In the Eclectic literature, I have found diamonds and precious jewels." Owing to the loose way in which Materia Medica is taught in our Colleges, a student gets very little knowledge of the definite action of the remedies. He is taught that a certain remedy is an alterative, a cathartic and a diaphoretic. That this remedy is "good for" this or that disease, thus instead of studying the Modus Operandi of remedies, as they effect different organs and tissues of the body in health and disease, they deal in glittering generalities. A remedy should never be prescribed for a sick person unless it is clearly indicated. We know what aconite will do for the sick, because it has been tested upon the human body in health, therefore, when we prescribe it, we know just what it will do for the sick person, for we know the symptoms it will produce in a well person. This applies to lots of other remedies; each remedy has an individuality of its own, but when we combine it with another remedy, it forms a new compound that has never been proved, tested upon the human body in health. Therefore, we have no guide or data to depend upon, only some one's "say so," that it is "good for" certain diesased conditions. In my student days, I took enough Aconite to get its toxic effect prove it upon my body in health. I found the pulse of aconite was a "hard, full, quick pulse." I took enough of Tr. Gelseminum so that I had double vision. I was so drunk from the effects of the remedy that I could not walk across the floor of my room without holding on to chairs. It was then that I was impressed with the fact that the true indication for the use of that remedy was something more than "bright eyes and flushed face." I never took any doctor's "say so" about a remedy. I wanted to test it myself on the human body in health, then I could get a correct idea of what it would do for the sick. Our young men in the profession should test these remedies in their own way; tell us something about the remedy that we don't know. Our writers on Eclectic Materia Medica copy, one from the other, thus they go round and round in a circle, and never tell us anything new about a remedy. Phytolacca root when taken in health in toxic quantities will produce in the throat "a feeling of a lump in the throat, continuous desire to swallow, pains shoot from throat into ears on swallowing, burnings, as from coal of fire, or red hot iron." The above gives us the true indication for

the use of Phytolacca in throat troubles. You are fortunate in having within the boundary of your state a physician who is an authority on the definite action of remedies. Dr. H. W. Webster, of Oakland, California. I would be delighted to visit the "Botanical Gardens" of your Colleges, for I have always loved the study of the medical properties of our vegetable remedies. It has an especial fascination for me.

"Of simple medicines, and their power to cure;
A wise physician makes his knowledge sure;
Else for him in the healing art,
He stands ill fitted to take useful part."

CRITICISMS OF THE HIPPOCRATIC OATH.

(Male Physicians Should not Practice Obstetrics and Gynecology.)

By W. M. Alter, M. D., England, Ark.

Since noticing the administration of the Hippocratic oath to the students of the Medical Department of the University of Arkansas, I have thought the introduction of this obsolete and unsatisfactory custom for the first time in any of the Medical Schools of this state must have been adopted for some cause, and I am unable to account for it, unless it may be that I have pointed out to the public the great dangers to the morals and virtue of wifehood and the chastity of virginity in permitting male physicians to practice obstetrics, and gynecology, in various articles I have contributed to both the secular religious and medical press. In my opinion the people in general should be well informed on this momentus question of male physicians practising obstetries and gynecology, and if so the power of the male physician would be viewed with apprehension; for male physicians can not practice these branches without at least causing the moral downfall of some of their patients. Viewing the matter from this standpoint I am inclined to think that the faculty of the above named school was of the opinion that by binding these medicos by the old obsolete pagan oath would give the public more confidence in these disciples of Aesculapius when turned loose in these fields where virtue and chastity is often at their mercy, and such oath might answer to lull the suspicions of the public in regard to these dangers to women. Some medical historians doubt the genuineness of the Hippocratic vow but to my mind it seems probable that the pagan public may have become apprehensive of the power and evil influences of adulterations priesthood of Asculapius, and thus made it necessary

to institute this solemn ceremony, and the reader should keep in mind the fact that though the ancient physician's prerogative did not grant them the control of the field of obstetrics as we have it today, yet the Aesculapian serpent was included to follow the precedent set by the old original serpent, in the garden of Eden incident, of invading the privacy of women and making suggestions. Hence we may suppose that some such agitation of the pagan people may have made it necessary for the Aesculapitian priesthood to adopt the policy of the oath. The oath as administered, however, to the students at the above-named institution a few days ago, although appealing to the pagan gods Appolo and Aesculapius and the goddess, left out the clause in the original oath where it applies to the protection of women. Why this part should have been left out I could not say unless the whole affair is considered a farce. I am sure that no American physician or Christian student of medicine can consider himself under any solemn allegiance to an old defunct heathen god whose sovereignity has come to an end with the decay of the empires which trusted them. Hence I consider the whole affair as mockery. Why not have made the vows to the God who created Heaven and Earth and in His omnipotence made man? Just let me say here that no solemn oath to a pagan god, nor any other vow will protect women from this withering blight to the purity of womenhood. The nature of this practice which forces manipulation of the genital organs is one of the greatest causes of adultery and prostitution, and even if the doctor does not violate a vow of that kind, his services has the effect often of exciting passions and causing immoral results.

In conclusion I wish to mention another matter which shows the disposition of organized medicine to humor ancient paganisms from which it has been evolved, and that is an article in the Journal of the American Medical Association entitled "The Appropriate Insigna for the American Medical Association." The writer recommends the staff intertwined with the serpent. Now while I do not so much blame paganism for commemorating the achievement of the serpent who had the subtility to enter the embowered splendors of Mother Eve's pristine home and by his infernal suggestions made an excuse for the building up of a profession of medicine. But I do think it looks a little inconsistent for an American institution and an institution which claims to be christianized to perpetuate the insignia of paganism by either being sworn by these obsolete gods or commemorating their serpentine superstitions. I would if it was my prerogative to suggest as an appropriate insignia for American physicians suggest the

event of Christ raising Lazarus from the dead and with his heel bruising the serpent's head. I would say more on this subject but suppose I have occupied enough space at the present time; however, I will be pleased to elucidate this subject still further for any journal that may desire it.

DIFFICULTIES.

The greatest difficulties lie where we are not looking for them.—[Goethe.

Difficulties strengthen the mind as labor the body.—[Seneca.

It cannot be too often repeated that it is not helps but obstacles, not facilities but difficulties that make men.—[W. Mathews.

Difficulties show men what they are. In case of any difficulty God has pitted you against a rough antagonist that you may be a conqueror, and this cannot be without toil.—[Epictetus.

What is difficulty? Only a word indicating the degree of strength requisite for accomplishing particular objects, a mere notice of the necessity of exertion; a bugbear to children and fools; only a stimulus to men.—[Samuel Warren.

Difficulties are God's errands, and when we are sent upon them we should esteem it a proof of God's confidence—as a compliment from him.—[H. W. Beecher.

The weak sinews become strong by their conflict with difficulties. Hope is born in the long night of watching and tears. They visit us in defeat and disappointment, amid the consciousness of earthly frailty and crumbling tombstones of mortality.—[E. H. Chapin.

If there are difficulties in your path, be thankful for them. They will test your capabilities of resistance; you will be impelled to persevere from the very energy of the opposition. But what of him that fails? What does he gain? Strength for life. The real merit is not in the success but in the endeavor; and, win or lose, he will be honored and crowned.—[W. M. Punshon.—Ex.

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VISITORS IN THE SICK ROOM.

The physician has many difficulties with which to contend in the regular performance of his duties and none of them are imaginary; but probably the most irritating thorn in his side is the meddlesome visitor.

Medical colleges and medical books, good or otherwise, teach scientifically how to treat the patient scientifically, but not one idea or even one word about how to treat the visitor scientifically. We all know that the visit of a certain friend to a patient is beneficial and that the visit of another one is harmful and in each particular instance a little study will reveal the why and wherefore, and having made a diagnosis, the treatment is suggested by the indications.

It may be a little flattery or it may be an amputation, but it requires skill and tact to effectively apply. Sometimes each one of a half dozen friends will require more of a doctors time than will the patient. Thus time is frittered away, but not necessarily wasted. Possibly there is little science in this phase of the practice of medicine, but there certainly is a great deal of art. Furthermore, it is necessary that it be a part of a doctor's equipment, if he is to be acclaimed as a success, by the people.

From these few words written just to suggest a practical subject of benefit to every one of us, we hope to start a free for all discussion. It is an interesting topic and one with which we are all familiar. Think it over—then send in something to start the ball rolling.

THE NEW FASHION OF THE SURGEON—FROM THE FAMILY PHYSICIAN'S STANDPOINT.

L. E. Rupert, M. D., Florence, Colo.

Among our great surgeons, the elimination of convalescence from surgical cases seems quite the fashion of the day. To see how soon they can get their patients out of bed and send them home, seems to be quite the fad. Why they are doing this, we cannot tell, but we do know that they often leave our patients in serious conditions, and so the burden falls upon us. Some of our great surgeons, for instance, are getting their patients out of bed within three days after an abdominal operation, and sending them home within nine or ten days. This may add to the fame of the surgeon, but what of us and our patients? The surgeon has in many cases been able to remove the cause of suffering, but the patient has not been kept in bed long enough to recover from the shock or the effects of the operation, and yet the patients are assured by the surgeon that they are well, and so they enter upon their duties, social or domestic, and especially if it be the latter, with vim and energy. With the above assurance from the surgeon, and the stimulation of the excitement, the patient may get along for a while until this wears off, and she begins to get tired; she feels nervous, gets irritable, goes to bed exhausted, gets the blues, becomes melancholy, and wonders why she does not feel well. She has had the operation, and been assured by the surgeon that she was cured, but she finds she cannot stand as much as before the operation, and oh, what is the use of sending for the doctor all the time? I have tried them so long and have been so little benefited. The patient now wants to try something else—patent medicines, faith cure, or Christian Science—a very sad picture indeed, and we see many more of these cases now than we used to.

Now, what some of these patients need, and what is more essential to their getting well than the surgeon's knife, is rest and food, and if we could so convince them, we could no doubt in a number of cases, exclude the necessity of an operation. Should the operation, however, be imperative, or a necessary adjunct, I do not contend and feel that my associates will agree with me, that convalescence is often of greater importance than the operation itself. Especially in this great age of nerve strain and tension. I do not believe that the surgeon's responsibility ends with the completion of the operation, but

moreover, that the surgeon should work with the physician through the convalescence until the patient is well on the road to health. As our great teacher, Dr. H. A. Kelly, so wisely says: "You, as it were, knock them down by the operation, and while you are now master of the situation, hold them down until you have given them a convalescence of rest and food, massage, etc., and you have done them good." On the contrary, the situation very often is, the surgeon has gotten his fee, the physician has the burden to bear, and often without appreciation or remuneration, and the patient is but little benefited and may become a Christian Scientist, and so gets her rest and is restored to health. I have in mind the case of a woman, a neurasthenic, who had been suffering with chronic stomach and intestinal trouble. Taking her to an eminent physician, who thought it was chronic catarrhal appendicitis, he turned her over to an eminent surgeon, who operated upon her at one of the best hospitals, and removed a catarrhal inflamed appendix, which had, no doubt, been causing some of the trouble. In a few days the patient asked the assistant when she might go home. "Why, in twelve days we get our patients up, and let them go home a day or so after getting up." I told the doctor I was very much surprised at this statement, that I considered the convalescence in this case of vast importance, in fact as much as the operation, but the cage was opened and the bird flew. She returned home and assumed her household duties with vim and energy, and the result was a more nervous condition and a harder patient to manage than before. After much patience and perseverance, however, fairly good results followed. But had the patient, while under the surgeon's care, been given the convalescence which was so justly due her, how much better off she would have been, and how much more healthful the final results, and in the end our profession more appreciated.

What we want, is not statistics of how many operations are done, how soon patients are gotten out of bed and sent home, but the number of patients we have sent away restored to health.

I wish to cite another case of a woman at menopause, who had menorrhagia. She was sent to a specialist, was curetted, and sent home. She improved slowly, and was on the whole more comfortable, but not well. Whether it was the fault of the specialist in not impressing upon the family physician the importance of keeping up a certain treatment, or some negligence on the physician's part, I do not know; when I saw the patient eight years afterwards, she was a profound neurasthenic, had a vaginal discharge, was found to have a chronic senile

vaginitis, and a raw, tender, contracted and inflamed vagina. I took her to a specialist, who thought this was probably responsible for her nervous condition, and performed a hysterecomy. On leaving the hospital, I asked him about her nervous condition, and would he not give her full instructions regarding the treatment she should follow up to restore her health. "Oh," he said, "that will come all right, all she needs is rest," got his fee of a few hundred and I got the patient. I never heard from the surgeon again, and the patient died of melancholia. Now would it not have been better if I had treated her locally, and saved her from the shock of the operation? She would probably have been as well, or even better off, and I surely would have been better off financially.—(Colorado Medicine.)

WHO SHALL TEACH?

Is it the teacher that determines the efficiency of the school, or is it the bricks and mortar of the buildings? Who is the true instructor? Is it the apparatus that produces laboratory results, educational as well as practical, or is it the manipulator of the apparatus? Is it the magnitude of the majority with which a man affiliates, educationally, politically or otherwise, that accomplishes, or is it the personality of the man?

Listen! Is not the man who knows, the man to teach? Is not the experienced man the one to give from the wealth of his knowledge?

At the battle of Bunker Hill, it is said the command was given, "Do not fire until you see the whites of their eyes." This writer believes in the personality of the man who teaches, and he also believes this becomes most effective when close before him line "the whites of the eyes" of those who listen.

This writer believes in the country school, the village home school, the home-like college, where teachers who know look into the eyes of students who learn. Here the young are qualified for special objects. Afterward they may take finishing courses in beehives of mammoth proportions. The writer furthermore believes that it is time for men with wealth for distribution to begin to care for the fountain-head. Does not the river disappear when the springs and brooklets dry? Is the country school to be more and more neglected and discredited in the future, as has seemingly been the case in recent years? Are the small colleges and the presumably minor teachers to be subjugated by the god that passes on-

ward the millionaire's money? Is the man who teaches, as well as the one who learns, to be judged by the mere size of the monuments of brick and mortar of the buildings, or the collection of wonderful apparatus at his command? Many a philosopher and highly educated man sacrifices his life by serving in fields exceedingly barren, according to such standards. Helpful to the man is the mechanism that money buys, but unless the man be behind the apparatus, of what worth is the contrivance, however marvelous in itself?

In this connection we would ask, was Agassiz a greater teacher because he was connected with a great university, or was Tappan the less an educator for accepting the presidency of Michigan University, then struggling almost in the woods for its existence, a small, derided "fresh-water college," which his genius placed upon the broad foundations that made it the model parent of our great State universities?

Listen! The trend of the times has recently been toward the subjugation of minor institutions, in favor of those highly endowed. This trend must change. This course will change. "Back to the plow" has become a slogan of recent years. "Back to the school, back to the teacher, close to the man who knows," will again become the slogan of educational circles. With elbows touching their instructors, will the student of the future march onward?

Let us not fail to honor him to whom honor is due. How came the opportunities, whether in past or present times, of the majority of men who have accomplished? The unknown young dentist, Dr. W. T. G. Morton, gave to the world the anesthetic, sulphuric ether. Thomas A. Edison, the mother-taught newsboy of the train, experimented with self-made apparatus, and never set student's foot into a great university. Sir Humphrey Davy attained to some of his most brilliant discoveries through the aid of ink bottles, glass tubes and olive-oil flasks.

These and such as these, multitudes in number, confront the man who argues that education is to be standardized by mighty buildings, made of brick and mortar. And yet, if one reasons fairly, he will perceive that each is necessary, the one to the other: that, leaning on each other, each contributes to the welfare of all.

Men that are of culture, refinement and education, thousands of them, in the primary educational institutions and the small colleges of America. Mighty men there are also in the great universities. Neither class is to be discredited by the success of the other. Neither should be envious of the good works of the other. Least of all, neither of these should seek

to disparage what has been accomplished by the other nor attempt to paralyze the efforts of the other.

Listen once again. Are not the presidents of our most celebrated institutions, great and powerful though they be, ever on the alert to find the man, be he country educated or teaching in some minor institution, who has accomplished, and who, by the luster of his country-bred fame and balanced methods, may add still greater reputation to the mighty university? Do not the presidents of these busy hives recognize the value of men bred in the country, and evolved by country education? Well do they comprehend that the fame and the opportunities of the university depend on their corps of teachers, not on mere structures made of brick and stone. "Give us a man," is their constant cry. From the country comes the response. LLOYD in E. M. J.

TO BATHE OR NOT TO BATHE?

It is a curious report which comes from the Tight Little Island across the Pond, where the morning tub is part of the national religion; it is stated that Sir Almroth Wright advises his countrymen against washing, fresh air, and physical exercise—these things (especially the bath) which have gone into the making of the mighty Briton.

Now, the opinion of Sir Almroth is not to be likely disregarded, for several reasons. He is a knight and may any day become a baron or a duke, and the opinions of that kind of people have to be treated with deference. Besides it was he who discovered the opsonic index, which paved the way for the bacterial vaccines—a very important though a dreadfully labyrinthine therapeutic procedure. So we must note with respect that in his lecture on "Bacteriology and Health,. Sir Almroth declares the washing idea is very much overdone. "People say you must have hard exercise, a certain amount of fresh air; but I am persuaded that these rules are quite wrong. There is a belief that by washing people wash off the microbes. We do take off a certain amount of microbes, but we also destroy the protective skin which is all round our bodies like the tiles of a house. When one has a horny hand no microbes can ever get near the skin, so I do not think cleanliness is to be recommended as a hygienic method."

Space permits a consideration only of our knightly colleague's views regarding bathing; and regarding these we would respectfully observe, to begin with, that a large majority of mankind does not bathe at all, and of the remainder many bathe only at frequent intervals and cautiously—like the citi-

zen whose proud boast was that he bathed regularly every Fourth of July, whether he needed it or not. So the danger implied in Sir Almroth's statement (that washing wears off the outer cuticle and so facilitates the entrance of pathogenic bacteria) is not such a one as would affect the fate of nations. But perhaps he means us to understand only that it is possible to bathe too often; and that the relation between bathing and health is not quite so close as enthusiasts for the cold plunge would have us imagine. And here, it may be, his point is well taken. There seems to be a really good reason against prolonged and frequent immersions in that water is a good conductor of electricity, it may be (though this is only a surmise) that much of the body's potential energy is thus dissipated.

Bathing (except as a luxury for the idle) is largely custom of but recent years; it is told that but a generation ago all Yale University could not boast a single bathtub. Our forebears counted themselves remarkably cleanly if they washed their bodies once a week. And be it emphasized that their death rate was much higher than at present, when we bathe more.

We believe that Dr. Simon Baruch is extremely wise on the subject of bathing, though as regards opsonins he would no doubt yield the palm to Sir Almroth. The former of these authorities advocates the warm bath (between 95 and 105 deg. F.) for the body in health to last from ten to twenty minutes; bathing does not, in his opinion, open the pores of the skin. What it really does is to keep the delicate muscles under the skin in healthy condition and to assist the work of the capillaries, which carry the blood to the body's periphery. Nor should the warm bath be enjoyed longer than twenty minutes, for longer immersion will soften the skin and make the muscles flabby. The cold plunge (Dr. Baruch advises) brings a pleasant reaction and is an excellent means of recovery from excesses of all kinds; but the cold plunge is not for the weakling and in any event a vigorous rubbing must follow.

Unquestionably a certain amount of bathing is beneficent; and the practice should be begun in infancy. It should be a part of the process of hardening, by which the resistance of the child to untoward external influences should be strengthened. Jacobi points out that there is no uniform method applicable to every child; but the object to be obtained is the invigoration of the peripheral circulation. Slow cutaneous circulation retards the flow of the blood in the whole body, impairs the nutrition of the heart and every organ, causing congestion, insufficient function and disease.

Rapid circulation in and under the skin causing rapid cir-

culation everywhere, propels the totality of blood in the child's body into and through the lungs, where oxygen absorption takes place. The best stimulation for the general circulation (besides exercise) is the stimulation of the skin by cold water and friction. A child of two or three years should have a daily quick cold wash, after a warm bath or while standing in water or lying on the attendant's lap or on a mattress. There is then a brisk two minutes' rub, until the surface is dry and warm. All this of course is for a normal, healthy child;

For the adult: **Ibis tutissime in medias res.** No cold plunge and no ice water bathing, unless you are accustomed to it. No longer than twenty minutes in a bath. A tepid water tub every morning. And a wash with a non-irritating soap once a week. There is no occasion to worry about losing epidermis; germs will find a way in if the system be in a deceptive state. (Dietetic and Hygienic Gazette.)

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, D. C., June 18, 19, 20, 21, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles May 7, 1912. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

COLLEGE NOTES.

Herbert T. Cox

The student body held its April meeting on the 8th of the month, at which time an interesting and very complete paper was read by Mrs. Kerr on "Bubonic Plague"; also one by Mr. Cox on "Drainage and Irrigation in gall bladder Surgery". At this meeting it was decided to hold an open meeting in May and invite the faculty and their friends.

On May 6th at 7:30 P. M. the student body held its regular monthly meeting. Mrs. A. D'Angelis read a paper on "How I came to Study Medicine," which was very laughable

and interesting. Prof. Hubbard concluded the program with a very clear cut and instructive talk upon "Hernia." Several professors were present and the students were glad to hear the words of approval which the student body meeting received from their hands. Ice-cream and cake were served by a refreshment committee and all had a social time for the remainder of the evening.

Dean Munk has been very busy the last few weeks working on the new catalogue for next season, which will announce some new and proficient professors, and various other improvements in the schedule. The students are anxiously awaiting its appearance, and each should be able to place a few where they would do some good towards securing new students.

The examination fever seems to have broken out among the faculty about the first of May. And despite the fact that the students used Christian Science, Suggestive Therapeutics, and what small supply of anti-examination serum they had left over from the last epidemic, the contagion spread rapidly and laid a few students low before the last day of school put a halt to it. Our professor in Anatomy having become immune to such treatment as the injection of anti-examination serum, we had it told to us by a little bird which flew over us from one of the Parks, that he received some kind of an effective dose along the Ejection Hydro-therapy line. It must have made quite an impression upon the professor for he waxed warm and said, "I don't see why every one should give vent to their troubles by showering them on me; I am not the hitching post of the faculty." I will say if you wish to learn more about this treatment just ask Dr. Barbrick. Anyway the majority of the students survived the epidemic.

Mrs. W. F. Holman underwent an operation at the Westlake hospital, and has now recovered sufficiently to return home.

Mr. H. R. Evans and wife have returned to Visalia, where Mr. Evans will be employed in the County hospital during the vacation.

Prof. (in toxicology)—What is an emetic?

Student—It is any agent which when taken into the stomach causes it to eject its contents anteriorly.

Prof. (Practice of Medicine)—How long does the paralysis last?

Student—Well, Professor, it may last a lifetime if the patient does not get killed.

In quiz on diagnosis:

Question—Differentiate appendicitis from hip-joint disease on right side.

Answer—Pull patients leg in hip-joint and it relieves his pain; pull it in appendicitis and it relieves his pocket-book.

NEWS ITEMS.

Dr. F. Voss Mohn recently moved from San Pedro to Los Angeles and is located at 33 Walker Auditorium, 730 S. Grand Avenue.

Dr. William Carey Bailey has been made editor of the Pacific Prohibitionist. His office is at 418 O. T. Johnson Building, Corner of Fourth and Broadway.

Under the existing law for a composite board of medical Examiners, Governor Hunt of Arizona has appointed seven members for the new term. Dr. R. M. Tafel of Phoenix is the Eclectic member and is well fitted to fill the position.

Finley Ellingwood, Jr. called on the College recently to present the greetings of his father, Dr. Finley Ellingwood of Chicago and to get acquainted. He expects to spend some time in this vicinity and we hope to see him often.

A measure to establish a one school allopathic state medical board was recently defeated in the Legislature of Arizona. The bill was passed by the Senate but killed in the House. It was backed by the medical trust and its provisions were said to be "liberal" but were opposed and defeated because it recognized only one school of medicine.

Medical reciprocity between states has been desired and urged by its friends for several years. It is now reported that Dr. William F. Snow, Secretary of the State Board of Health, under a special commission of the Governor has such a measure under consideration and will present a bill for that purpose to the next Legislature. Much adverse criticism has been made against California's exclusiveness and it is to be hoped that this change will be made.

Dr. Ovid A. Laws presented the College library a rare item—a bound copy of Volume IV of Buchanan's Journal of Man for 1854. Dr. Laws is something of an artist and when a student in the Eclectic Medical College at Cincinnati, Ohio, and while in the classroom, sketched Professor Buchanan on a fly leaf of this book. At the same time he presented to Dr. Munk a painting of an Arizona scene which he did after passing his eightieth birthday. Both items are highly prized and were accepted in the same friendly spirit in which they were tendered. Dr. Laws has been an esteemed personal friend for years and a life long friend of Eclecticism.

Dr. L. A. Perce, Long Beach, has gone to Elsinore to recuperate from his long illness.

Dr. W. J. Lawrence has moved his office from the Ferguson Building to 533 Cummings Street.

At the late commencement exercises the bouquets for the graduating class and flowers for decoration were furnished by the College Botanical Garden.

Dr. C. N. Miller has changed his address to 2152 High Street, Oakland. The Doctor has not moved, but owing to competition the street numbers have been changed.

Dr. T. O. Duckworth of Pioche, Nevada, was in the city for two days last month. He brought a patient to the Westlake Hospital and at the same time improved the opportunity to call on some of his professional friends.

Dr. J. F. Barbrick met with a very painful accident recently. He was thrown from a moving car on to the hard pavement and was picked up with his head bleeding and unconscious. There was a cut in the scalp and severe bruises on the left arm, hip and leg. Fortunately no bones were broken but it gave him a severe shaking up and kept him feeling sore in bed for a week.

The private medical library of 5000 volumes, collected by the late Dr. Henry Gradle of Chicago, has been presented by Mrs. Gradle to the John Crerar Library and will be known as the Henry Gradle Memorial Collection.

A Two-Million Dollar Tuberculosis Fund has been established by James A. Patten of Chicago. Mr. Patten has given half a million dollars to the Northwestern University to be expended for medical research for the prevention and cure of tuberculosis.

Dr. Truman W. Brophy of Chicago will demonstrate his method of operating on cleft palate and harelip, at the Section on Stomatology, American Medical Association, and the Southern California Dental Association, during the meeting from June 26th to 30th.

The annual convention of the Osteopathic Association was held in Los Angeles June 3, 1911. The election of officers resulted as follows: Dr. L. L. Haight of Los Angeles, president; Dr. Martha Barmby of Berkeley, first vice-president; Dr. Ella Ferguson, second vice-president; Dr. Effie York of San Francisco, secretary; Dr. Hugh M. Frazier, treasurer; Dr. J. L. Adams, Dr. E. S. Merrill and Dr. D. C. Farnum, trustees.

SYPHILITIC CACHEXIA.

In the cachexia of syphilis, particularly during the late months of the disease, Cord. Ext. Ol. Morrhuae Comp. (Hagee) has proven of much value, and is employed for this purpose in a routine manner by many physicians. Its therapeutic power as a reconstructive in syphilitic cachexia rests upon its well known property of improving bodily nutrition. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is a blood-maker of high order, a feature that makes it of particular value in syphilitic debility. Its employment will be of much aid to the usually resorted to therapy of syphilis and gratifying results will be noted from its administration.

THE LOGICAL AID IN NERVOUS BREAK-DOWN.

That agent which will tranquilize a highly wrought up nervous system and aid it in regaining its normal functions, is the one whose employment in nervous break-downs is logically indicated. Such a product is PASADYNE (Daniel's Concentrated Tincture of Passiflora Incarnata), and its therapeutic activity in just such conditions as the one being discussed, has earned for it a leading place among the remedial agents used in nervous disorders. It serves the two-fold purpose of reducing nerve strain and restoring the normal tone of the weakened nervous tissues. A sample bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

TREATMENT OF RHEUMATISM.

Rheumatic and gouty patients are greatly benefited by the administration of Ethol in combination with salicylates. Its use prevents complications and lessens the liability to reeurrences. The application of a mixture of equal parts of Ethol and oil of wintergreen, to the affected joints several times daily, materially relieves the pain and swelling and assists the internal treatment.

A NEW AND PROMISING AGENT FOR THE TREATMENT OF RHEUMATISM.

An announcement that is certain to cause widespread interest among the profession is being made in a large number of American medical journals in behalf of Rheumatism Phylacogen. The new product is a bacterial derivative originated by Dr. A. F. Schafer, of California. The term "Phylaeogen" (derived from two Greek words—the equivalent of "a guard"

and "to produce") means "phylaxin producer," phylaxin being a name that is applied to a defensive proteid found in animals that have acquired an artificial immunity to a given infectious disease.

Rheumatism Phylacogen (Schafer) is a sterile aqueous solution prepared from a large variety of pathogenic bacteria, such as the several staphylococci, Streptococcus pyogenes, Bacillus pyocyaneus, Diplococcus pneumoniae, Bacillus typhosus, Bacillus coli communis, Streptococcus rheumaticus, Streptococcus erysipelatis, etc. The basic Phylacogen is a "polyvalent" preparation, since the organisms are obtained from cultures made at frequent intervals and from a variety of sources. To this basic material is added an equal amount of the filtrate obtained by similarly growing and treating the Streptococcus rheumaticus of Boynton and Paine. The product is indicated in all cases of rheumatism, acute and chronic, not due to gonorrheal infection. It is marketed in sealed glass vials of 10 Cc. capacity and may be administered subcutaneously or intravenously, the former method being preferred except in cases in which quick results are demanded.

Rheumatism Phylacogen, which is the first of a series of phylacogens originated by Dr. Schafer and about to be offered to the medical profession, has been thoroughly tested clinically in many of the leading hospitals, as well as by competent specialists and other scientific men in various parts of the country, and is said to have shown brilliant results in a large percentage of cases. With the co-operation of Dr. Schafer, and in accordance with his methods, it is prepared by Parke, Davis & Co., in whom are vested the sole rights of manufacture and sale. Physicians who are interested in this new treatment for rheumatism, and every general practitioner ought to be, will do well to get descriptive literature on the subject. It may be obtained by addressing the manufacturers at their principal laboratories in Detroit, Michigan. Ask for the "Rheumatism Phylacogen pamphlet" and mention this journal.

The California Eclectic Medical Journal

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Original Contributions

COMMENCEMENT ADDRESS

Col. J. J. Steadman, Los Angeles

To my way of thinking, there is no profession more highly to be prized than the profession of medicine. To understand materia-medica, the science of medicine, which treats of the nature and the properties of all the substances that are employed for the cure of diseases, is an intellectual accomplishment that men and women may justly be proud to realize.

The ancients, you will remember, narrowed the great professions to two distinct classes—Law and Medicine. More prominence attached to the former because of the opportunity it afforded to become renowned through oratorical excellence, and hence we have the masters like Moses, Capernicus, Cicero, Demosthenes, and the later learned jurists, Chitty, Blackstone, Cromwell, Greenlief, Story, Marshal, and others, of the English and American bench, declaiming in favor of the Law, and recommending its study as the highest intellectual preferment possible to attain.

Although the ancients regarded a knowledge of medicine as a very scholarly accomplishment they held it secondary, because they were educated by long established custom to look upon mind as superior to matter, and therefore affording the better opportunity, according to their idea, of reaching intellectual greatness, through the study of the law, than through any other avenue by which the mind could be trained.

Had our learned disciples of the law been able to foresee the rapid decline which the ethics and the practice of the law has undergone, since their day, I am of the opinion they would have made a hard and fast rule, as inexorable as the laws of the Medes and the Persians, that only those whose intellect is capable of the most rigid strain and the broadest grasp of profound legal principles, and their application, should be permitted to enter the realm of this exalted profession. But as this high estate would have to be reached through examination by medical experts, it is reasonable to suppose that jealousy of the prerogative that would make physicians judges of the mental capabilities of lawyers would not be permitted for a moment.

Illustrating my meaning, I recall an incident which happened in a Federal court of which I was an officer for many years, when a lawyer of mediocre ability and learning, attempting to belittle the testimony of a medical expert before a jury, met with this severe rebuke from the judge: "Mr. Councilor, if the average physician is as ignorant of his profession and as big an ass as the lawyers who practice in this court, God help the human family. Proceed." It is easy to see how far that attorney proceeded—he proceeded to close his verbose argument right in its middle and to sit down.

I think I may say with abundant authority, for so saying, that there has been a decidedly marked forward movement in the status of medicine in the century which has just closed, in that there has been a tremendous effort on the part of medical leaders of thought, to develop the true basis for the treatment of diseases. It may be designated, I think, as an age of rational imperialism in medicine, wherein the endeavor has been singularly pronounced and sucecssful to simplify the application of those elemental principles which enter into the rational treatment of disease, and this devotion to the development of scientific investigation, rather than speculation, as the true basis for the treatment of disease, warrants the belief that we are erecting a system of medicine superior to any former conception of its fondest votaries. Correct diagnosis is sought as the only substantial basis for the treatment of disease. To this specific and intelligent activity we have many wonderful results, such as are found in the physical exploration of the chest, the deductions made in Brights disease, and numerous other deductions of no less important bearing on the origin of certain diseases.

I presume it was the purpose of your Dean, when he invited me to speak to you this evening, that I should offer some homely suggestions as a layman, along the line I naturally would follow, that of saying to you where, in my judgment, the success of the modern physician rests. The office of the physician, to my mind, is a peculiarly responsible one. No other comes so intimately into the life of the home and consequently does not attain its sacredness. In health we do not think much about the man of medicine. We see him engaged in his daily occupation without reflecting upon the worry of mind, the expense of energy and the spiritual strain he is undergoing, because we know nothing of the inner life he is living. Every day, almost, some vital case, or at least some critical condition in someone's career confronts him, where there must be the exercise of sound judgment, quick perception, and strong resolution felt and expressed, to the end that the battle with death may be successfully won.

But when the physician comes into our home as the supreme adviser, in a vital situation, how differently we view his office. Immediately he takes an intimate relation to us, we confide in him as in an elder brother, and sad be the fate of the family if implicit confidence can not be reposed in the physician. His manner we watch, we note his bearing in the sick room and out of it, we hang upon his words and our spirits rise or fall in keeping with the outward manifestation he exhibits. No barometer ever indicates the condition of the weather more clearly than the face of the intelligently sensitive physician, whose forbodings are indellibly stamped on his manner when he leaves the bed of a mortally stricken patient.

Instantly, we catch the impression, and we take on unconsciously a feeling of depression which we are likely to carry in our manner to the dear one in whose life we have so much of interest. If the physician be an honest one he will never deceive, although he may not disclose too readily his own impressions. He will be judicious, kindly humane in his declarations, and always ready to point the way to any possible favorable result—if such a thing be within the range of reason and experience. But he will never be brutally frank.

I knew a physician, years ago, in whose hand clasp one could read, almost certainly, the progress of a case. In his "good night," there was manifest either hope or fear, confidence or suspicion, for somehow he involuntarily disclosed his feeling in his manner of expression, and he left with you the same condition telepathically written, which his own thought embraced. I shall never forget his kindly bearing, his sympathetic manner and his splendid christian fellowship in the hour of bereavement.

The personality of the physician is almost as great a factor to success as knowledge, judgment and honesty. In the case of children, especially, personality, I believe, counts more in the final than medicine. The man or woman whose presence carries confidence, whose manner invites cheerfulness, whose voice is sympathetic and kindly, will be a welcome visitor at the bedside of the sick. Children, especially are so sensitive to outward appearances that repellent attention is worse for them than no attention at all. If I were a student of medicine I would at the same time be a student of sick room manners, for in the course of a long line of experiences I am constrained to believe that the attitude of the physician has much to do with the outcome of the patient.

I know a very distinguished practitioner, in one of the larger cities of the middle west, whose knowledge of medicine is acknowledged to be superior to that of any man in that ter-

ritory, and yet, his manners are so vulgar, his speech so uninviting, his expressions so wanting in sympathy, people do not care to employ him. He seldom attends children and women, and men prefer other doctors although confidence in his ability and in his learning is generally conceded in the city and country where he labors. Believe me, when I say to you, as one who has had much to do with sickness, that gentleness, cheerfulness, and composure, have about as much to do in the long run with success in the case, as the dope which you will give the patient, because confidence in the sick comes with confidence in the doctor, and it goes a long way toward helping the patient to believe you know what to do—whether you do or not.

Remember that nature is a better doctor than man-made physicians, and that 80 per cent of sick people will get well if they never have a doctor. The remaining 20 per cent do need intelligent medical assistance, and it is from these 20 per cent that the physician must make his reputation and his living, and let me tell you, he is a very dull financier, indeed, who can not get on in the world on a 20 per cent margin of profit.

The 80 per cent think they need a physician, of course, as much as the really sick, and would be indignant if told they do not require one, hence I can see that the practice of medicine must continue to be one of the world's most lucrative occupations, principally because we have inherited the idea that we cannot live without we gulp down about so much nostrum annually, and to make this idea superlatively pleasant we must have the co-operation of a genial, willing physician, who, knowing our weakness deals with us as mercifully as in his judgment we will stand.

In this way we trudge along through life, hand in hand with our physician, much as the child, with its Teddy bear, hugging the idea securely buttoned up that we are prolonging our lives, and glad to pay our physician for accentuating the fact that we are so intelligent as to perceive our own necessity, and be willing to pay the price to another to assist us in holding fast to our preconceived notion.

You will observe that I am speaking as one having experience, and I say to you confidently that after 60 years of dosing, I am about as healthy a subject and about as far away from the idea that I need a physician, about so often, as I was when I began to hold this comfortable delusion as a vital necessity to my existence.

The young man or woman who enters the profession of medicine thinking it an easy occupation has made a mistake at the very outset of his career, for of all the learned profes-

sions, that of the physician is probably the most exacting, requires the greatest degree of composite intelligence and expense of vital energy. In the mechanical or industrial world there comes a time when the mind naturally seeks and receives its rightful rest and recuperation, but in the professions, especially that of a practioner of medicine, no such success of labor prevails, because sickness like the poor is always with us. He will be the wise practitioner however, who takes a rest now and then, to retrieve his wasted energies, and to rest his mind, that he may keep it in its highest state of perception, and thus be able to cope with situations where only the well equipped physician may succeed.

The inert- non-studious, non-progressive man has no business in the realm of medical jurisprudence. He may get on in other professions better, although I know of none that are calculated to furnish distinguishment without strenuous effort on the part of the individual.

A farmer back in the middle west, with three sons, was asked what he proposed to make of them. He replied:

"John is the brightest of any of my boys, the most industrious, pains taking, quick to learn and consciencious in his endeavors; I propose to make a doctor out of him. Sam would rather talk than work, is fond of telling all he knows and much that he does not know, isn't over scrupulous, nor fond of application; I am going to make a lawyer out of him. Thomas, is the laziest one of the three. In fact he is so lazy he never gets into trouble of any kind. He can pick out a good horse and make a David Harum trade. He's a good feeder and fond of the girls; I am going to make a preacher out of him."

This story of the matter of fact farmer may be a little hard on the law and clerical profession, but it illustrates ideas the public has concerning the relative importance of what constitutes the real essentials for success in the respective professions; that the profession of medicine requires the greatest aptitude and the best training of all of them.

In this progressive age so distinctly marked by individualism, and personal independence, it seems to me there is a wide field for usefulness with the physician, who has courage enough to apply the rule of common sense in all cases coming under his care, without being circumscribed to any hard and fast rule because it belongs to a special school with a name—simply for the name and the traditions it bears. And if I understand your school of practice rightly, you take from all the schools of medicine that which applies most nearly to the case, using those specific remedial agencies best suited to accom-

plish results, without regard to what particular school they belong to. Why isn't that applying the rule of eminent domain, which the law prescribes in cases where the need justifies the end? And why is it not the highest jurisprudence if it brings the required results?

This idea of following prescribed conventionalities, just because it is non-professional to depart from dogmatical traditions, although those traditions have become obsolete, ought to be jolted out of practice in medicine as well as in law, which Roosevelt, did in the case of Judge Baldwin, now Governor of Connecticut, wherein the Judge in a certain decision nullified the principle laid down in the employers' liability law. In refering to the temerity of Roosevelt in joining issue with so distinguished a jurist as Judge Baldwin, the New Century said:

"Roosevelt will win on this issue before the bar of public opinion. If the reform he advocates does not come from one direction it will come from another. Once the conscience of the American people is aroused on this subject, their courts will be rejuvenated and brought up to date."

"A great many people thought that inasmuch as Teddy was no lawyer and Baldwin was a sacred looking judge that the former was transcending his authority—otherwise, making a fool of himself. But the supreme court of the United States reversed Baldwin and thus sustained the novice."

So I believe the advocates of medical freedom will win at the bar of public opinion their fight against the passage of the Bill, before the Congress of the United States, wherein it is sought to "Unionize" the medical profession, through an Act to establish a Health Department, under the control of a board of physicians.

I believe in the freedom of every living soul to worship God according to the dictates of his own conscience, in whatever church, or in whatever way he may best attain the truth.

So I believe in medical freedom; the right of every school to live its opportunities, provided always, there is due regard to science and to the administration of the law of the land. And I regard it as a tendency to return to the darkness and the narrowness of the mediaeval ages, to seek by law, to inforce upon the public any system of medicine, or medical practice to the exclusion of any other well defined and well established system of medicine. As well might we claim to dictate what religion men shall subscribe to, or what political faith they shall embrace, as to dictate, or seek to dictate, what medical preference they shall wish to have.

The guarantee of the constitution which holds the life, property and person, of the citizen inviolate, is the safeguard

of individual liberty to think, to act, and to labor along the lines best conducive to the highest growth of mind and body. And because of this sacred pledge and the jealous regard of the people for their inviolate rights, the effort to nationalize medical supremacy will fail as it ought to fail.

Because of this belief I have in the freedom of men and women to exercise their independence in things effecting the spiritual and physical growth of their existence, I stand for medical examinations in the public schools by reputable physicians, of experience, selected for scientific attainment and natural fitness, without regard to politicial inference or party dictation, because it has proven its benefits to the pupils, and for the further reason that so many parents are totally blind to the physical defects of their children. When these defects are pointed out to them, in most cases, they have shown a remarkable willingness to co-operate with the school authorities in eradicating the hinderances to their children's mental development.

An erroneous impression has been obtained in this community, as to the method of conducting these examinations. The charge being made that no discrimination between the sexes was observed by male and female physicians, the girls being examined by the men and the boys by the women. Recent and exhaustive inquiry into this charge by the Board of Education, disproved conclusively this wrongful allegation. It did more than this; it brought out the sentiment of the people on the advisability, or non-advisibility, of these examinations, and out of 66,000 pupils in the public schools of Los Angeles, representing 25,000 families, less than 100 protests, have so far been filed in the superintendent's office against medical examination of the children—and these almost wholly since the question came up for hearing before the Board of Education. When we consider that several hundred cases of defective hearing, sight, lung and spine troubles have been treated as the result of these examinations, by the family physician, on the recommendation of the school physicians, and that defects which, if not early remedied, would have rendered the child in many cases a life long invalid, or at least handicapped him in the race with his fellows, we may with most reasonable assurance conclude that the effort to make all children normal is worth the expense of time and money, and should be a part of the work of the public schools, for without this condition of health there can be no permanent growth in the child and he is illy prepared for the struggle to acquire independence, or to be a satisfactory citizen of the Nation.

The family physician becomes the adviser in all cases where treatment is necessary; the responsibility of the School department ceasing when the needed attention to the case is pointed out. This has been the rule of conduct since the law of the state made these examinations in a sense, manditory; and I regard it one of the most far sighted provisions we have for the betterment of the life of our public school children. Of course where parents protest against an examination, those protests are respected, but I rejoice that the wisdom of the law is so generally acknowledged by parents and the public at large—as has been shown by the remarkably few protests made against the medical examination of our public school children.

I refer to this matter here, because it is one in which you, as physicians, have a personal interest, and my hope is, that you will lend your influence to such well directed efforts to improve our scientific sanitation and health, in the public schools, as shall redound to the ultimate welfare of the children committed to our care.

The future citizens of this Republic must be physically and morally sound, capable of responsive activities wherever called upon to labor, whether as statesmen, soldiers or civilians, and to be equipped like the Romans for whatever responsibilities the state may require. To be so equipped we must see to it that our youth are such men with perfect bodies, as well as with noble minds.

To secure these functions, you as physicians, and I, as a servant of the public, owe our earnest and best directed endeavors.

To such colleges as this one, to such representatives as those who shall go forth from it as graduates, must the public look for intelligent and well directed effort to build up a system of medical science, free from dogmatism, and founded upon the broad platform of application of skill and learning to the eradication of disease.

It seems to me, the school of medicine known as "Electic," is especially a progressive school, that the large latitude allowed in differentiating between the older systems of medicine is a source of intelligent progress which makes for the greatest good for the greatest number, and with that well defined and liberal construction, the possibilities of the graduates are many times more certain than are those within the confined and narrow limits prescribed in the formulas of the dogmatic schools of medicine.

As one whose major life has been directed along educational lines, may I presume to appeal to you, young men and

women, to cultivate the broader and more altrustic side of your natures in the practice of your honored profession? To make pecuniary achievement, so far as you reasonably may, secondary to humaritarian and altrustic endeavor, and while striving for excellence in professional standing and competence in wealth, remember the saying attributed to your predecessor, Pythagoras, "He who gains an enviable name in the curing of disease, must often sacrifice bodily comfort to the God of science."

VISITORS IN THE SICK ROOM.

John Fearn, M. D., Oakland, Calif.

I notice your article in the last number of our journal, and I want to be in at the starting of the ball rolling on the subject of visitors in the sick room. I have a right to speak on this subject, for during a practice of many years I have often suffered from meddlesome visitors in the sick room. But let me say, "All visitors to the sick room are not to be condemned." Some visitors come into the presence of the sick and, as they come, they bring helpful influences. Like spring breezes, they leave the sick cheered and better than they found them. But there are many of the other kind, and if we will take careful cognizance of the patient's condition before and after such visits, we will often find the patient has been depressed and injured.

Give strict orders then, that such visitors be entirely excluded. Sometimes the nurse will say they will come in spite of all I can say. In severe cases I have said again and again, "Take a club and keep them out." Some years ago, I had a sick and very nervous patient. I had ordered all kept out of the sick room except the husband and nurse. On my next visit, as I entered the living room, the patient being on the second floor, I could distinctly hear voices from the sick room, and I at once recognized the voice of the visitor, a meddlesome nervous woman. I was very angry. I turned to the nurse and said, "Confound it, why did you let that visitor in there," but she had taken the opportunity to force her way in. Sunday is usually the worst day, and many a progressing patient has been set back by the Sunday visitor, so that when I have had seriously sick folks on my list I have dreaded the return of the holy day.

Some people have such peculiar temperaments, so cross and contrary, that it goes without saying they should be kept from the sick.

Many of these visitors are very suggestive. I remember having a patient—he had a compound comminuted fracture of

both lower extremities, and the experiences dished up to the patient by some of his visitors were fit only to come from a lunatic.

Another form of suggestion. If the patient does not progress as fast as they think he should, they have always a skillful man in view, whom they advise the patient and his friends to get to take the case, and sometimes they succeed here to the damage of the patient's health, and to the injury of his bank account. I have seen such cases, and therefore, I know whereof I speak. But perhaps one of the most tiresome results of meddlesome sick room visitors comes from those people who out of the best motives, but through ignorance, are continually advising changes in diet. Some years ago, I was one of the medical officers in a hospital for the aged and incurable, and these visitors made me lots of trouble. I had one patient nearly 90 years old; in her life time she had delighted in good victuals. In spite of watchfulness on the part of nurses and my own strict orders, they would convey to this poor woman pies, cakes, meat and food of various kinds. It was done so stealthily that it was not discovered until she had a very serious sickness, directly traceable to the improper food supplied by these same sick visitors.

Doctor, this subject deserves careful attention, and I hope we shall hear from many others.

THE NEW DIAGNOSIS.

Dr. Ovid S. Laws, Los Angeles.

Read before the Southern California Eclectic Medical Association.

"A short paper on a live subject," was called for, by our wide awake secretary. I try to be always "on the firing line" and think this paper hits the mark on both points.

It seems to me that no topic should be more alive, to the busy doctor, than diagnosis. And then when we speak of a new diagnosis, the topic glows with newness of life.

We have all been aware for many years that our "Regular" neighbors can find diphtheria in nearly all ailments of the throat, and typhoid in almost every rise of temperature. But now they have made a new record by finding scarletina in "a bad cold," and small-pox in poison oak.

Let me give you a few samples to illustrate the subject.

A few months ago, a lady from Manil a was visiting her sister down here on South Flower street. In February, she bought a ticket to start home the next day. Her little girl had "a bad cold," and she called a doctor to prescribe some remedy

to take along. She was sadly let down, and sorry she called him, when they told that it was a case of scarlet fever.

A card was put up and quarantine ordered for at least 21 days. It was a loose affair, however, for her sister was over at my office twice in that time, and said the child had no noticeable fever, and no rash on skin from first to last, and played as usual. But it cost the lady over $40.00 for doctor and drugs.

This report is from the sister at my office.

A similar case was reported to me since. I suppose you all know of the small-pox comedy that was played in Pasadena recently, by the "grave and learned seniors" composing the "Board of Health." The play was a nice one and quite instructive in many ways.

A lady, one day, took seven children to the outskirts of the city among the native shrubbery. The next day six of them had some sort of a rash on the skin.

By some means the "Board of Health" got wind of it and sent consternation thru the city by diagnosing an epidemic of small-pox, and ordering all sorts of quarantine restrictions. At this point the comedy became a farce, for every body but the doctors saw that it was "poison oak" the children got among the bushes. Even the teachers for once became aware of the shallowness of such a diagnosis.

But I refer you to the March number of Medical Freedom for a full report of this bubble bursting comedy. It shows what the people may expect to have forced on them when a State Bureau gets behind these diagnostic geniuses.

And our teachers are being led right into this trap by the campaign of "enlightenment."

These doctors have set aside their own books on diagnosis, that give clear rules for telling one eruptive disease from another. If a rash first appears on the forehead and face we call it a case of measles, other symptoms being favorable to that conclusion. But if the rash first appears on the throat and breast, we at once look for other signs of scarlet fever. But the rash decides the diagnosis.

Small-pox has a distinct diagnostic point that is different from any other eruptive disease. Even before the eruption is seen on the skin, you can feel it under the cuticle like fine shot, and a blunder here is inexcusable, yet easily avoided by using your fingers.

"Poison oak" is so common and so different that no one but a bigoted ignoramus would create a panic by proclaiming an epidemic of small-pox from a few cases of Rhus Tox dermatitis.

I leave the subject here for you to make your own comments.

Are those actors legalized fakirs, making false pretenses, or are they innocently ignorant?

What might we expect if such men were backed by National and State Bureaus?

THE HIGH FREQUENCY CURRENT.

By J. A. Burnett, M. D., Marble City, Okla.

There is no danger to the operator in operating a high frequency apparatus when it is properly constructed. A high frequency apparatus should last many years. The galvanic current is superior to the high frequency for cataphoresis. Any machine which produces a didirectional current at a voltage of 30,000 to 500,000 volts may be used for X-ray work. Any machine which produces oscillatory currents within the same range of voltage may be used for high frequency work. By oscillatory currents, a rapid alternating or oscillating current, is meant, but this oscillatory or rapidly alternating current must be so rapid that they cannot be felt by the sensory nerves. This is the sole difference between an X-ray machine or current and a high frequency machine or current. A first class high-frequency apparatus is not very easy to get out of order but of course it depends on the quality of materials rather than the price.

I asked one physician what was the difference in a static machine and a high frequency apparatus and he said:

"In reply, could answer you in a brief illustration by saying that the difference between a static current and a high frequency current is similar to the difference between the old fashioned ox cart and the automobile of today.

Namely the difference in the rate or number of vibrations of the electrons in the so-called waves of ether which are supposed to carry electricity.

High frequency currents are produced by passing a high voltage Static current generated either by static machine or a Ruhmoff coil through an O'Udin Resonator or modification thereof, with the attachments of two or more Leyden Jars or modification thereof.

The Static current is simply a current of a high degree of voltage with low amperage and become a high frequency when passed through Leyden jars but is usually estimated to have from 200 to 500 thousand vibrations per second, whereas the real high frequency current has up into the hundreds of millions of vibrations per second with almost an equal voltage and very low amperage.

High frequency electrodes made of glass do not wear out. The action of the current does not affect them. They can only be broken by dropping them or hitting them against something.

The high frequency apparatus cannot be run with batteries with any degree of success.

The Baker Electric Co. of Hartford, Conn., says a milliampremeter is absolutely necessary with a high frequency apparatus if the apparatus is able to furnish current in sufficient volume to produce therapeutic results.

One writer says that the meter can be used with the high frequency current, but that the bulk of the work is done without a meter, though to one unfamiliar with apparatus it is probably an advantage to have one.

The clothes should be removed when giving a high frequency treatment. Most all physicians say that the high frequency apparatus is superior to a static machine to relieve pain but some few say the static machine is a better pain reliever. The high frequency apparatus was first used about the year 1890 which was 10 years later than when the static machine was first used.

Dr. J. M. King, Professor of Dermatology and Electro therapeutics, Vanderbilt University, gives me the following information: "You can get a high frequency coil or apparatus that will give also X-rays. The Victor portable coil is an excellent one for both high frequency and X-ray. I use one frequently in and out of office work.

Now you can get a regular X-ray or induction coil and then have a high frequency attachment, but this is more expensive. For ordinary high frequency work the Victor portable is all that is needed. You can also use it perfectly satisfactory for X-ray."

If too much current is used with a high frequency apparatus the electrodes are liable to puncture but this can be repaired for 25 cents.

OUT OF THE GINGER JARS:

Most rat holes will bear looking into.

Isn't the lover who braves the storm a rainbeau?

It doesn't require an axe to cut an acquaintance.

Corn on the cob is more acceptable than corn on the foot.

Many a man is in great fear that he will get all that is coming to him.

We notice that most people who are consumed by curiosity still survive.

If our mistakes teach us nothing it were hardly worth while to make them.

Though we may never have lost any, most of us are looking for money all the same.

ECHAFOLTA IN SEPTICEMIA.

J. S. Niederkorn, M. D., Versailles, Ohio.

My personal experience with Lloyd's Echafolta and Echinacea during the past winter and spring, has certainly been most gratifying. Cases of septicemia following trauma, burns, or developing in the course of erysipelas, and in which the most alarming and desperate conditions prevailed, were brought out safely, without the sacrifice of limb, and without a death, by the free use of Echafolta, locally and internally, with the addition of frequent and liberal doses of calcium sulphide. These two remedies are positive life savers, as I have repeatedly proven, and that too, in cases where other measures proved absolutely worthless. I call to mind especially three cases where infection showed within 72 hours after injury—pronounced chills, high temperature, foul, coated tongue, delirium, limbs fearfully swollen, red lines over the course of lymphatics along the inside of the lower limbs, painful glandular swellings, in a few days giving evidence of pus buried in various places along the limb. Free incisions to establish thorough drainage for the pus, thorough bowel elimination, constant application to the entire limb of full strength Echafolta on gauze, at the same time giving the Echafolta internally in from one-half to one teaspoonful doses every two hours, alternated with one-half to one grain doses of sulphide of calcium, brought all of these cases back to full recovery. These infectious cases are desperate ones, and permit of no yielding to sympathy not to any half-hearted measure. Literally soak them with the Echafolta, externally and internally, and push the calcium sulphide to the limit, together with thorough bowel elimination, not omitting to establish free drainage for any possible existing pus, is my manner of handling all septic and infectious cases. Small doses of either remedy, in my experience, count for little; frequent full doses are imperative, and absolutely necessary.

From the fact that I employ on an average a gallon of the Echafolta per month, places me in the position of pretty thoroughly knowing my remedy, and when and how to apply it to obtain results. If, in curable cases, Echafolta fails, in all probability enough of it has not been used, or it has been too much diluted.

IS ECHINACEA ALL RIGHT?

Those whose duty it is to pull down, therapeutic iconoclasts they be, are proclaiming to the medical world that the remedial virtues of echinacea, a drug favored by the eclectics, are nil and that it deserves the hearty condemnation of all right-minded medical men. I cannot quite determine if the members of the council are fools or if they consider a large proportion of the American profession as being simple minded. I cannot believe the last half of this proposition because it seems beyond the limits of the possible that twenty or thirty thousand good physicians would deliberately lay themselves open to such a charge by using day after day, in case after case, a product that was inert. According to my way of thinking it is much easier for a few laboratory doctors and ex-drug clerks to be fools than it is for a large percentage of the working force of the medical profession. One of the specifications in the charge against echinacea is that the usually accepted authorities attribute but little if any poteney to it, and that the only men who have lauded is properies are general pracioners of no particular influence in the profession. Great Caesar's ghost, when will these fellows up in Chicago learn that authorities are not always good doctors and that the little known medical man must make good and cannot afford, in consequenee, to resort to impotent drugs. And, further, don't these fellows know that the very men they speak so disdainfully of are better doctors than the silk stockings of the inner circle? Another objection to echinacea, so they say, is that it is being widely exploited, under various trade names, by pharmaceutical houses. This is a point in echinacea's favor, for what commercial man is going to spend good money in exploiting a produet that has not been thoroughly tried out? When a business man spends his money baeking a venture, the first thing he determines is the usefulness of the product to be manufactured.—(Ed. Medical Era.)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

STUDENTS, ATTENTION!

Owing to the increasing standard of requirements on preliminary education of medical students, many of them are expected to be "short" in one or more branches.

As it is absolutely necessary that each student fully comply with our State Laws governing this matter, these students will have to do such review work as they severally may need. And in order to facilitate the efforts of students who contemplate the study of medicine, the CALIFORNIA ECLECTIC MEDICAL COLLEGE has established a Department of Preliminary Education, which has been placed under the supervision of Prof. A. B. Clayton, a gentleman well known for his ability as an instructor.

This work is given as a "summer school," and the course has just begun. Any person contemplating the tsudy of medicine should communicate with the Dean, Dr. J. A. Munk, and be advised as to whether or not his preliminary education is acceptable by the State Board of Medical Examiners. Furthermore, he should do this at once, for if he should be found deficient, he will need the help of this Department.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, D. C., June 18, 19, 20, 21, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 7, 1912. Oran Newton, M. D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on June 4th, at 8 o'clock, at the college building.

The attendance was unusually large and although no paper was read, Drs. Munk, Hubbard and Barbrick gave interesting talks regarding the work accomplished at the recent state meeting in San Francisco. A number of clinical cases were reported, and were of such interest that the meeting was voted one of the best held in a number of months.

Dr. H. C. Smith was nominatd for membership and unanimously elected.

At the next meeting on July 2, Dr. A. O. Conrad will read a paper. It is expected that Dr. Munk will have returned from the National by that time.

Adjournment.

P. M. WELBOURN, Sec.

B. R. HUBBARD, President.

IMPRESSIONS OF OUR STATE MEETING.

Mr. Editor:

If space in your valuable Journal will permit, I would like to give a short account of the 39th Annual Convention of our State Society, held at the St. Francis Hotel, San Francisco, California, May 28, 29 and 30, 1912, and note briefly some of my impressions of the meeting.

The Society convened promptly at 10 A. M., May 28th in the Blue Room of the Hotel, which, by the way, were splen-

didly adopted for the meetings, being cool, airy, easy of access and quiet.

President Vandre called the meting to order and Mr. Emmett Hayden, Chairman of the Board of Supervisors, in place of Mayor Rolph, who was unavoidably unable to be present, made a splendid address of welcome to an audience that tested the capacity of the rooms to the limit. While we all regretted the inability of Mayor Rolph to be present, his representative certainly filled his place very ably, being most happy in his witty criticisms of and references to the leech, the lancet, and the drastic purge of our regular friends before Electics showed them the error of their ways, very optimistic as to the outlook for progressive medicine and medical freedom of thought, and sincerely earnest in his hope that our Great National Association would hold its annual convention in San Francisco in 1915.

Following the address of welcome, the President's annual address in the novel form of an extemporaneous and printed exhortation, was attentively listened to, and applaudingly received. The balance of the session to the noon adjournment was taken up with business; and I might say right here that one of the most successful innovation features of the convention, was the so called "pre-session business sessions," which were held one hour before the regular morning, and one-half hour before the regular afternoon sessions, during which much business was transacted, thus allowing much more time to papers and discussions and greatly facilitating the Section Work, which, I doubt was never more nearly completed, or more fully carried through, at any convention.

At the afternoon session, Section No. 1—Practice of Medicine was opened promptly at 2 o'clock by Section President Dr. E. A. Ormsby of Centerville, and his Secretary Dr. Ada Scott Connor of San Jose. This section alone doubly repaid every member present for the time and trouble of the whole meeting. Every member of the section was present; every paper was read and fully discussed, and many valuable suggestions and practical points were brought out.

The classics of Dr. Ormsby and Dr. Temple filled us with pride and enthusiasm. Dr. Farrar created much discussion and not a little joy with his paper, using nothing stronger than water, and I think he said he diluted that,—though I can't remember what with. Dr. Tuchler's scientific paper on "Cancer," set us thinking, as was intended, while Dr. Hervey's paper on "Diarrhora," Dr. Carl Murray's brilliant oration on "Specific Medication," and Dr. Connor's scholarly effort, were all full of splendid things. A number of dinner and theatre parties passed the evening all too quickly, the Southland delega-

tion being delightfully looked after by President Vandre, his gracious wife and daughters and the brainy lady to whom we must all bow down the coming year, our Lady President, Dr. Florence Temple.

The second day was a repetition of the business sessions and section work of the first with the addition as side issues, of a short talk in the morning by Mr. Hickey of the local branch of the National League for Medical Freedom and a rousing meeting in the afternoon of all the graduates present of our California Eclectic Medical College and the organization of the Alumni Association.

Section No. 2—Surgery, Dr. Geo. G. Gere, San Francisco, President, Dr. B. Roswell Hubbard, Los Angeles, Secretary; Section No. 3, Materia Medica and Therapeutics, Dr. John Fearn, Oakland, President; Dr. Oran Newton, Long Beach, Secretary; Section No. 4, Gynecology and Obstetrics, Dr. O. C. Welbourn, Los Angeles, President; Dr. Hannah Scott Turner, Pomona, Secretary; and Section No. 9, Special Topics—no officers—under which Dr. Munk's splendid paper "Better Days for Electicism" was listed, were completely cleaned off the calendar. Especially notable was the Surgery Section, President Gere's article on "Choleceptotomy," comparing favorably with A. Mayo or Mognihan effort, while Dr. Hubbard's "A case of Epulis of the Lower Jaw" showed not only the broad knowledge but the extensive experience of our Professor of Surgery and Author of "Practical Surgery" our latest text book on this subject and one of the most valuable late editions to our Electic literature. The Technique of Dr. Wheeler's method of Gastrous Invagination was as unique and successful as it was original; and as a fitting climax Dr. Atkins' "Our Dear Old Young Tommy Atkins" told us more about Hemorrhoids than we ever imagined any one person could know.

When it was announced that the President of the Materia Medica and Therapeutics Section, our beloved Dr. John Fearn, was absent only because of his serious and protracted illness, the sympathy of all went out to him and if his recovery had dependend on the brothers and sisters at the convention, it would have been speedy, now, I tell you. But the gloom cast by Dr. Fearn's absence and illness disappeared soon after Dr. Judson Liftchild of Ukiah, Cal., cut loose with his "Medical Olla-podrida;" and I do not exaggerate when I say that only a death in the family or the assassination of a President would ever dispel the joys that took possession of every human being who was lucky enough to hear that paper. If the subscription price of the Journal was a hundred times the paltry sum it is,

the issue in which this article by this "Eclectic Mark Twain" appears, would alone be worth the admission. Dr. H. Ford Scudder's paper "A Plea for a Better Study of our Specific Medicines" was strongly endorsed, and his suggestion that a Pacific Coast Specific Medication Club be formed with an editorial department and space for publishing Therapeutic facts in the Journal was enthusiastically approved.

The second evening a "Get Acquainted Banquet" was held at the St. Germain, at which about 60 plates were set and one of the most enjoyable occasions of the week occurred. With President Vandre at the head of one table, that "Grand old Man of Eclecticism of the Pacific," Dr. Maclean, gracing the other, the irrepressible Dr. Atkins as Toastmaster and lovely women all around us, it was an evening and a feast not to be forgotten.

The third day opened promptly at 9 A. M. with the business session, at which twelve applications for membership were acted upon, reports of committees received, some matters of organization and the balance of the business of the convention was cleared up. The section work for this day included Sections No. 5, No. 6, No. 7, and No. 8, and although it was Decoration Day, there was a full and enthusiastic attendance clear up to adjournment, which was most unusual and showed the intensity of interest which characterized the whole convention.

In Section No. 5, Pathology, Bacteriology and Serum-Therapy, Dr. Charles Clark of San Francisco, President; Dr. Pina M. Welbourn, of Los Angeles, Secretary. The paper of Dr. Clark on "Rabies" was most scientific and timely, and the furnishing of Microscopes with slides splendidly prepared to show the negri bodies diagnostic of the disease certainly gave class to the article, was most impressive, and highly appreciated. Dr. Newton's paper on "Serum-therapy in Erysipelas," showed the progress this line of treatment is making and taught us that in reality the underlying principles of Serum-therapy, Vaccine-therapy, Organo-therapy, etc., were truly Eclectic when fully investigated and understood. Section No. 6. Electro-therapeutics, Dr. A. O. Conrad, Los Angeles, President; Dr. W. M. Forster, San Francisco, Secretary; Section No. 7, Pediatrics, Dr. Florence Temple, San Francisco, President, and Dr. R. Munda Sinclair, San Francisco, Secretary; and Section No. 8, Eye, Ear, Nose, Throat, Dr. H. W. Hunsaker, San Francisco, President; Dr. J. Fraser Barbrick, Los Angeles, Secretary, were swung through quite rapidly, a number of papers in each section being submitted by title to be published later in the Journal. During the afternoon session the various

phases and aspects of the legal and political incubus which is strangling and degrading our profession; the League for Medical Freedom and our attitude toward it; Sex Hygiene, and the compulsory medical examination and supervision of public schools and school children, created brisk and at times, quite heated discussion; and strong sentiments of protest against unnecessary medical legislation both state and federal, against the hampering of medical choice, and the restriction of medical liberty, were drawn up, adopted, and ordered printed and sent to all our legislators, federal, state and municipal, that they may be made acquainted with the attitude of Organized Eclecticism on these matters. And as our rejuvenated state society now represents organized Eclecticism and there are over 300 licensed practitioners of our school in the state, its attitude on such matters must be carefully considered and its influence cannot be belittled. Then came the Election of officers and the nominations, electioneering, and speeches of acceptance of successful candidates, followed by the installation of officers elect and appointing of Board of Censors and Special Committees for the coming year, filled a lively two hours and was a fitting climax to one of the most strenuous interesting enthusiastic and harmonious medical conventions I have ever attended.

The election of a lady President was not only a fitting tribute to the ability and splendid work of the incumbent, Dr. A. Florence Temple of San Francisco, but was also a proper, though tardy, recognition of the worthy efforts of our women members and the co-educational side of our Eclectic Societies and Colleges. Adjournment was taken at 5:30 to meet next year in the same roms at St. Francis Hotel, San Francisco. I want to urge on every Eclectic in the state that now is the time to organize, as only by organized effort will anything be accomplished; that every Eclectic, liberal and progressive physician in the state should belong to the Society, and if you are not a member you should send your application at once to Secretary Scudder, Redlands, California, attend the annual meetings, get in the swim and get along. For, take it from me, we are going some; the going is good, and we are going to keep a going and "don't you forget it." Get your ear to the ground, lukewarm brother, and you'll hear something. The Eclectic hat is in the ring to stay. So take my advice join your societies, attend your meetings, boost the cause and you will be a better Eclectic, a better physician and above all a better man.

Fraternally,

J. FRASER BARBRICK.

EXPRESSIONS OF PROTEST ADOPTED BY THE CALIFORNIA ECLECTIC MEDICAL SOCIETY, DURING THEIR 39TH ANNUAL CONVENTION HELD AT SAN FRANCISCO, MAY 28TH, 29TH AND 30TH, 1912.

The following expressions of sentiment were unanimously adopted by the California Eclectic Medical Society in regard to State and National health and medical legislation, and definitely state the sentiment of its members as men and women, as patriotic citizens and intelligent voters and taxpayers of California and this great United States, and as liberal physicians and progressive scientists of mature age and thought.

First.—That we are ever and always in favor of preventive medicine in the form of proper sanitation, hygiene and quarantine, and constantly work for the effective enforcement of all such measures.

Second—That we believe in all things that will tend to conserve and preserve public health, that will tend to uplift humanity, and that will relieve sickness and suffering.

But we are unalterably opposed to:

First—Any efforts to restrict individual liberty (and by liberty we do not mean license) which we feel would surely be the case if such bills as the Owen's Bill, the Smoot Alternative Bill, etc., became federal laws, or if such state legislation as was recently introduced in New Jersey by Mr. Groves, and luckily defeated, became state law, and

Second—We are positively against any measure that tends to take from the individual the choice of his physician or his choice of treatment in sickness and suffering, and by so restricting his medical choice tends toward the establishment of state medicine, which we deem just as obnoxious as state religion, and perhaps more harmful, and,

Third—We look upon all such legislation as unconstitutional, un-American, and unnecessary, and therefore we abhor all such efforts, consider them autocratic and illegal, and by these writings raise our voice against them, and determine to in every way antagonize them, and,

FURTHER, we wish it to be known to the world that we believe absolutely and have faith in the National League for Medical Freedom, endorse every effort made by that organization in its battle for medical liberty, and tender to them both our organized and individual support, and,

FURTHER, we believe these sentiments should be made known to our law makers—both State, National and Municipal —that they may become fully acquainted with the will of the

organized representatives of over three hundred regularly trained, educated and licensed Eclectic Doctors of Medicine of California, and law-abiding, honest, upright and earnest citizens and voters of this great country, and for this purpose the Secretary of the California Eclectic Medical Society is hereby instructed to have copies of these sentiments, which have been unanimously endorsed and approved by this society in open session convened this 30th day of May, 1912, sent to our President, our Governor, and all our Legislators, whether State, National or Municipal, that they may fully understand our attitude on all such matters.

J. FRASER BARBRICK, M. D., Chairman.
J. B. MITCHELL, M. D.
H. FORD SCUDDER, M. D.
Committee.

COLLEGE NOTES.

Herbert T. Cox.

Well! Well! Vacation once more, and the boys are turned loose to play and enjoy the wonders of nature at their leisure. The term of 1911-12 ended by the holding of the thirty-third commencement in college assembly hall on Friday evening, May 17, at 8 p. m.

The principle address of the evening was given by Col. J. J. Steadman, and was indeed a very interesting and instructive address, in which he interwove much humor with solid fact. The hall was packed to its full capacity by an appreciative audience which had carried in with them, flowers, which, when showered upon the graduates nearly buried them beneath the deluge. C. H. Erwin, W. F. Holman, H. C. Smith and E. R. Petskey received the degree of Doctor of Medicine. Thus ended the past term, and now the boys are scattered to their various vacation haunts.

Dean Munk has gotten the catalogue out for the coming term and anyone wishing information can obtain one by addressing him at the college.

F. S. Kurpiers left the last of May for a visit with his parents in Germany. He intends to return in time for the opening of the fall term.

E. R. Petskey has gone to El Centro where he is intending to locate for his future work.

Dean Munk has left to attend the National at Washington, D. C., where he will represent the interests of the college. It reminds us that a year ago one of our students was privileged to attend the National at Louisville, where he was the only student present from any of the colleges. A good supply

of pennants was taken and displayed in the assembly hall and received many comments for the good appearance they made. This same member made a visit to Mammoth Cave with a party from the convention. In a certain portion of the cave is a large cavern devoted to monuments erected by different organizations which have visited the cave. This party erected one of stone to the National Eclectic Society, and the C. E. M. C. student carried his share, so that our old C. E. M. C. did her part in building a pyramid which is properly labeled, and will be seen by many passing through the cave.

Prof. J. F. Barbrick left this city June 20th for his old home in Boston, where he will visit until July 27th, when he sails for London and Liverpool. He intends to spend about three months in London, and the rest of his time will be spent at the clinics at Vienna and other points. He will be away in all, about one year. His daughter Margaret will accompany him, helping him to see the sights.

NEWS ITEMS.

M. B. Bettencourt, M. D., has removed from Fort Worth, Texas, to Mart, Texas.

Dr. M. E. Eastman has changed his address from Alturas, Cal., to Pine Creek, Oregon.

Dr. M. Blanche Bolton, San Pedro, has been a frequent professional visitor at Westlake Hospital during the past month.

Dr. Rose Burcham has recovered from the slight illness which kept her in Westlake Hospital for ten days.

Dr. C. L. Hudson, Mart, Texas, has removed to Waco, Texas, where he will enter a partnership with his brother.

Dr. L. A. Perce, Long Beach, has recovered his good health and gone back to work after a three months enforced rest.

Married: Dr. E. P. Bailey and Mrs. Florida Brownberger were married on June 1st. The Journal extends congratulations.

Drs. W. S. Gibson and O. C. Welbourn have disposed of their old automobiles and purchased new ones. The former bought a Ford, the latter an Apperson.

Dr. A. Florence Temple, the new president of the California State Eclectic Medical Society, has changed her address to 1164 O'Farrell St., San Francisco.

Dr. G. W. Harvey, Big Pine, was in the city recently but remained only a very short time, just long enough to buy an automobile.

Dr. J. A. Munk left Los Angeles on June 13th to attend the meeting of the National Eclectic Medical Society which is held in Washington, D. C. The Doctor will make a flying trip as usual, and expects to return in less than three weeks.

Dr. John Fearn, Oakland, Cal., has been very ill and in the hospital for three weeks, but we are pleased to learn that he is convalescent now. In the front part of this issue will be found an article written by him while a patient in the hospital.

Dr. J. F. Barbrick and daughter, Miss Barbrick, left Los Angeles on June 20th for a year's trip through Europe. During Dr. Barbrick's absence, Dr. H. C. Smith, a recent addition to the Eclectic ranks of Los Angeles, will have charge of his practice and office, which is located in the Consolidated Realty Building.

Queer things are happening in the making of educational standards, medical and otherwise, but the strangest freak yet reported by the Associated Press, is the case of Miss Zula Hart, who holds an A. B. degree but enrolled in the State University at Berkeley for A. H. honors and was refused credits on the ground that she was not vaccinated.

The large medical and scientific library of Orin Davis, M. D., of Sawtelle, Cal., recently deceased, has been delivered and shelved in the library of the California Eclectic Medical college, and is now open for service. This is a valuable addition to our collection of books and is highly prized. Dr. Davis was a great student and reader of books. He had an active mind, broad mental grasp and delved deeply into many subjects. The aggregation contains early copies of the "Western Medical Reformer" beginning in 1836 and "Buchanan's Journal of Man and System of Anthropology" published in 1854. Also the great work "On the Indiginous Races of the Earth" by Alfred Maury and his colaborators and "Types of Mankind" by Dr. Morton. There are books on almost every subject and among the more recent publications are "Ziegler's Pathalogy," "Sternberg's Bacteriology" and "Holland's Chemistry. The College gladly acknowledges this generous gift and is fully appreciated by both faculty and students.

The thirty-third Annual Commencement of the California Eclectic Medical College was held in the College Assembly Hall, Friday evening, May 17, 1912, at 8 o'clock. The following received diplomas: Charles Hickle Ervin, Harry Clyde Smith, William Frank Holman, and Erhard Richard Petsky. The following program was rendered, after which a reception and dance were held:

Programme.

1. (a) "Days of Glory"....Barker
   (b) Hungarian Fantasia....Tobani
2. Invocation....Rev. W. C. Bailey
3. Spring Maid Waltzes....Reinhardt
4. Address....Col. J. J. Steadman
5. Cornet Solo—Asthore....Trotere
6. Dean's Report....Prof. J. A. Munk
7. Pearl Maiden Selection....Auracher
8. Address on behalf of the Faculty....Prof. B. R. Hubbard
9. In the Shadows....Fink
10. Conferring of Degrees....Prof. O. C. Welbourn
11. Benediction....Rev. W. C. Bailey
12. (a) Smyrna....Tyers
    (b) Exit March—Frat....Barth

RECONSTRUCTION FOLLOWING TYPHOID FEVER.

In some instances, the convalescence of typhoid fever presents a debility closely akin to a tuberculous predisposition, which indicates the need for more potent reconstructives than the stomachics and tonics usually employed for this purpose. This need is well met by Cord. Ext. Morrhuae Comp. (Hagee). Usually in these cases the blood stream is thin, the processes of metabolism are interfered with and the vital powers remain far below par. The tissues are easily susceptible to graver infections, such as tuberculosis. Cord. Ext. Ol. Morrhuae Comp. (Hagee) will prove its worth as an up-builder in this class of cases, charging the blood current with nutritious elements and finally overcoming the debilitated state. Its palatability gives it added utility, a feature worthy of consideration in choosing remedial agents of this character.

PITUITRIN IN DIFFICULT PARTURITION.

Much attention is being given by the medical press of Germany and other European countries to the importance of Pituitrin as an oxytocic. The drug has been somewhat extensively used for the past two or three years, both here and abroad, chiefly, perhaps, as a hemostatic and heart stimulant. Now it is known to be of great value in uterine inertia, obstetricians in many of the German hospitals and elsewhere who have thoroughly tested it clinically, pronouncing it a truly remarkable oxytocic.

For the benefit of practitioners who may not be familiar with its origin and nature, it may be explained that Pituitrin is an extract of the posterior or infundibular portion of the pituitary gland. Although the physiology of this gland is as yet largely speculative, there seems to be no doubt that it contains a substance or ubstances that exert a considerable influence over the metabolism and on the cardiovascular system.

Parke, Davis & Co. have just issued a pamphlet on Pituitrin as an oxytocic, in which is reprinted not only the extract from Dr. Vogt which appears in this article, but also a number of others from prominent German specialists and practioners in which Pituitrin is highly extolled as a corrective of uterine inertia. Physicians will do well to write the company, addressing them at the home office in Detroit, for a copy of this pamphlt.

A. FLORENCE TEMPLE, M. D.

The California Eclectic Medical Journal

Vol. V. JULY, 1912 No. 7

Original Contributions

PRESIDENT'S ANNUAL ADDRESS

H. Vandre, M. D., San Francisco.

Read Before the California Eclectic Medical Society.

Fellow Members and Friends:

It is with the greatest pleasure that I greet you one and all.

We are glad to meet, if but for a few days, to promote the interest of liberal medicine, uniting in the beneficent work of Eclecticism, mutually disposing to a closer acquaintance a kindlier feeling and a broader study of medicine and surgery.

Our life of usefulness is just beginning—most valuable and lasting good work is being accomplished by the Eclectic colleges of America. The prineiples they teach are producing great good to the ill and afflicted. I would urge upon all Eclectic members of the various state societies to join forces with the National and in this way cement a lasting and glorious structure—help strengthen this deserving organization—one that will demand and eommand the respect of all.

There never was a more propitious time and need of Eclectic medieation than at present. It is plainly and painfully evident all around us. The publie is going to demand and insist upon this treatment in preference to the present chaotic and nihilistie praetice of the day with all its fads and fancies.

We are fast surpassing the old methods of treatment and medication of olden times. We have studied along the lines of natural selection—the cellular and organic seleetion of drugs are clinieally demonstrated and warranted by the results. I prophesy this system will beeome universal. I thank you.

WELCOME ADDRESS

Emmett Hayden, Chairman Board of Supervisors, San Francisco.

Read Before the California Eclectic Medical Society.

As a member of the Board of Supervisors of the City and County of San Francisco, representing his Honor, the Mayor, James Rolph, Jr., the pleasing duty of welcoming the members of the Thirty-ninth Annual Meeting of the Eclectic Medical Society of the State of California, has been assigned to me.

At the outset, I wish to apologize for his Honor's absence, owing to a prior engagement which made it impossible for him to be with you.

Personally, I regret that your members are deprived of the opportunity of looking upon the beaming and gracious countenance of our chief executive, whose every smile is a wholesome welcome to every visitor that comes within our city's portals.

As a layman, I must confess that I know but little about the workings of your society, but from what I can glean from the objects and aims of your institution I can at least appreciate that you are treating suffering humanity in a broad and practical way.

I note that your society has been organized since 1874 and has a very large membership in all sections of California. I also observe that the President of your society is a San Francisco doctor and that your headquarters are located in the beautiful city of Los Angeles, in our Southland. I might say by way of regret that we are sorry that the great disaster of 1906 was the means of possibly causing you to remove your headquarters from San Francisco to Los Angeles.

Perhaps your visit to our city at this time, noting the wonderful rehabilitation since you have left here, might be the means of convincing you of the error of your way, and we hope eventually to have your headquarters located in the Exposition City.

In speaking of the rehabilitation of our city, it might be interesting for you to know that 585 city blocks were destroyed by the fire in 1906, yet today San Francisco is the newest city in the world, after suffering a loss of five hundred million dollars. Even a vaster sum was expended in the restoration of the city.

The reconstruction called for more money than the building of the Panama Canal. Five years ago a few new structures stood like oases amid the desolation. Today, a stranger in San

Francisco would not know from appearances that a fire had occurred.

So it is that San Francisco, less than six years ago a city of ruins, is preparing to entertain the world at the greatest exposition in history, a jubilee of nations, a splendid commemorative celebration, which will not only include the finest features of all former world's expositions, but yet in magnificence, in diversity, in its distinctive color of the West, of the Orient, and of all the countries bordering upon the Pacific Ocean, stands alone.

San Francisco will be a magic city when the exposition opens. In their entirety plans for the exposition include the adornment of San Francisco on a surpassing scale. Streets, parks, the water front, and the great hills commanding superb panoramic views will be adorned and improved in harmony with the exposition plans, at the cost of many millions of dollars. As President Taft says, "San Francisco knows how."

I therefore again bid you welcome to our city, hoping that you may enjoy your stay here, and will further wish that you will again meet in this city in the exposition year 1915.

THE SURGERY OF THE TONSIL.

J. Fraser Barbrick, M. D., Los Angeles.

Read Before the Southern California Eclectic Medical Association.

It has been stated—just by what authority I cannot recall —that more deaths and more suffering has been caused by the tonsil than by the appendix. If this be true, and most of those who are doing throat work believe it is, then the treatment and surgery of the tonsil is of greater clinical importance than that of the appendix and should receive the most careful attention and serious and painstaking study.

Before going further I should like to review briefly the histology and anatomy of the tonsil and call your attention to some points in connection therewith that are not fully understood by the general practitioner and frequently overlooked by the specialist in this line.

The faucial, palatine or true tonsils are two prominent oval bodies lying one on each side of the fauces in the sinus tonsillaris, between the anterior and posterior pillars of the soft palate. Where the pillars meet above to join with the soft palate, we find a sulcus directed up and back above the tonsil, called the supratonsillar fossa. This sulcus or recess is covered

by a fold of mucous membrane called the plica triangularis, and it is in this space, hidden by this fold, that the so-called velar lobe of the tonsil is placed. In diseased conditions it is the adhesions formed between this fold of membrane and this portion of the hypertrophied or diseased tonsil, thus closing the supratonsillar fossa and preventing drainage from it, that is many times the cause of peritonsillitis and peritonsillar abscess, the source of infection being from the supratonsillar crypts.

Histologically, the tonsils are compound lymphatic organs developed by an invagination of the hypoblast, the depression thus formed being divided into from 12 to 20 compartments which become the permanent crypts and around which masses of lymphoid tissues are deposited, and thus the tonsillar bodies built up. The inner exposed or pharyngeal surface, including the crypts which open on this surface, is covered by mucous membrane; while the outer hidden or cervical surface is covered by a fibrous capsule, which joins the pharyngeal aponeurosis and loosely attaches the tonsil to the inner surface of the superior constrictor muscle of the pharynx. From the inner surface of the capsule connective tissue septa or trabeculae extend into the tonsillar substance and thus form its framework and hold it together.

The blood vessels supplying the tonsil are six in number, and I want you to note specially the vascular arrangement of the organ, for thereby you will better appreciate the clinical applications of the operative procedures to be spoken of later. The two chief vessels are the tonsillar and ascending palatine arteries, branches of the facial, which pass up external to the superior constrictor muscle and send off branches which pierce that muscle to supply the base and lower part of the organ. Anteriorly comes the dorsalis linguae branch of the lingual, posteriorly tonsillar branches of the ascending pharyngeal, and superiorly chiefly by the descending or post palatine, with some twigs from the small meningeal, both branches of the internal maxillary, all being derived from the external carotid. All these vessels freely anastomose with each other both outside and inside the tonsil, and all send twigs to the soft palate, pillars and adjacent tonsillar structures.

The diagrams on the board here will give you an idea of the extensive vascular supply and its automatic arrangement. Veins form a plexus which drains to the internal jugular or facial vein. Plexuses of lymphatic vessels surround each follicle, the vessels of which drain to the submaxillary lymph glands below the angle of the jaw, from there to the deep cervical glands, and from there to the thoracic ducts, thus forming a direct and short route for infection to all parts of the body.

I have gone somewhat exhaustively into the blood supply of the tonsil that you may better understand the possibilities of hemorrhage and thereby fully realize one of the responsibilities attached to operations on these organs; and the description of the lymphatics will show you the ease with which infection can occur through them, and the dangers and responsibilities attached to neglect, improper treatment, or non-removal of them when diseased.

Now as to the indications for operations on the tonsils, I will briefly state that in view of the fact that at best the protective power of the tonsils against invading micro-organisms is limited; when from recurrent inflammations and diseased conditions the organs have passed from a physiological state to a pathological one, have lost their protective power and become traps for microbes and a source of danger, they should be removed. And I will add that in my opinion hypertrophy of the tonsils, even of the simple form, is an evidence of an impaired, changed, or lost lymphatic function on the part of the organ, and therefore the physical economy is best served by their removal.

Now for the operative measures and technic for the removal of these glands. There are two forms of operations on the tonsil: 1, Tonsillotomy or incomplete removal; 2, Tonsillectomy or complete enucleation of the organ with its capsule. With the technic of the first or tonsillotomy, in which the glands are partially removed, you are all more or less familiar, and I will simply say that in spite of the cry against it in many quarters, this operation, done properly and in selected and suitable cases, is both successful and serviceable, is still being extensively done and meets all the requirements in hundreds of cases. The technic most commonly used is as follows: Some form of tonsillotome—I prefer the Matthieu—is used. Either local or general anaesthesia is suitable, local if an adult, general if a child, and when possible all operations under general anaesthesia should be done in a hospital, for reasons obvious to all of you and which need no particular enumeration or elucidation here. With general anaesthesia a mouth gag should be used, the tongue depressed to expose the tonsil, the tonsillotome introduced and pushed over the gland until all that will protrudes through the ring blade, then the instrument is closed, and the protruding portion is cut off and removed. (Right here I wish to say that with care and practice in its use the tonsillotome is one of the most valuable of tonsil instruments and in numbers of cases I have succeeded in removing the gland with its capsule complete with this instrument.) Other methods are to grasp the tonsil with a vulsellum forcep

and with knife or scissors or snare remove the gland level with the palatal arches.

But what I wish to speak more in detail about is the second form of operation, tonsillectomy or the complete enucleation of the gland. While tonsillotomy is applicable to only a limited class of cases, viz: simple hypertrophy or such cases as refuse the more extensive operation, or cases in which for any reason the more prolonged operation is contraindicated or inadvisable, tonsillectomy is applicable to all or almost all classes, the only contraindication I can think of being hemophilia, and I question whether in those cases any operation is advisable.

The methods of performing a complete enucleation are numerous and up to the present I have followed one or all of the following methods: We will suppose from now on the patient is prepared and is under the influence of either general or local anaesthesia, the mouth properly opened and the tongue depressed. The tonsil is grasped with the vulsellum forceps, lifted forward and inward out of its bed, the pillars are separated from it by sharp or blunt separator, by knife or scissors, the gland is freed to its base and its capsular attachments severed either by angular knife or scissors, curved scissors, snare or cautery, or enucleation is completed by the fingers. I want to say right here that all this is easier to talk and write about than to do.

And now comes the clinical application of my circulation diagram. In a normal tonsil you have a normal blood supply from six separate sources. Of course, the branches from these vessels are not large, but in hypertrophies and hyperplasias this normal arterial supply becomes abnormal through the enlarging of the normal arterial branches and the increasing of the secondary branches not only in the gland itself, which would not matter, but in the tissues around the gland which are fed by the same arteries and, because of contiguity of tissue, are inflammed and hypertrophied by the same diseased processes. Also because of the diseased conditions the structures are more intimately blended or matted together, your wound is more extensive, the blood vessels are cut nearer their parent branches, and at best you have a bloody job on your hands which, when taken at its worst, which sooner or later happens to all of us, surely makes you wish it was on the other fellow's hands. So to a man in this work, when an improved method of tonsillectomy is perfected that holds out a chance of avoiding, to some extent at least, the bleeding which follows, and when it is based on common sense and good surgery and is as easy to do as the old methods, it appeals to him. Thus it was with me when I read of the method which I am now going

to describe and which was developed by Beek, of Chicago. Dr. Beek describes his method as a tonsillectomy by means of one instrument, the tonsillectome, and claims only the credit of modifying and simplifying the original operation of Sluder of St. Louis, which he certainly has done.

The operation is done without previously dissecting the pillars from the tonsils, and therein lies the secret of its success, to which I can testify at least in one case, which is all I have had opportunity to try it in thus far. My operation was done with a Kratzmueller snare—which, by the way, I do not think is the best snare for this particular operation—the loop of which was hidden in the slit of the fenestrated tip which accompanies it and which I had used before, but not in this way. The patient is prepared as previously described and in this case always under general anaesthesia. The instrument is passed in obliquely across the tongue from the opposite angle of the mouth and placed behind the tonsil, which it scoops up, draws forward and presses outward. With the fingers of the free hand behind and below the angle of the jaw, the tonsil is pressed and manipulated until it is delivered through the fenestrum of the vedder tip, where it appears like a bulging mass sufficient to cover and hide the whole exposed surface of your tip. The wire is now drawn down, the gland is everted over the inner side of your instrument, the tonsil is grasped by forceps, the base is crushed off with the wire, and the whole removed.

The advantages of this method are as follows:

1st. The bleeding which begins immediately with the grasping of the tonsil with a vulsellum forceps and the dissecting of it out of its bed, and which continuously obscures your field of operation to the end in other methods, is entirely avoided; even the hemorrhage which attends the complete removal of the gland being comparatively slight because of the crushing of your vessels in place of cutting them.

2nd. If you are successful in delivering the tonsil through the fenestrum of your instrument at all, you will deliver it completely through and thus must perfectly enucleate the organ with its capsule which is not always the case by the other methods, the velar lobe and lower end of the organ often being left in place and neeessitating at times reoperations.

3rd. You cannot in this way cut any of the surrounding musculature and thus are in no danger of injuring the pillars or cutting one of the larger blood vessels, which is one of the great dangers in all dissection operations.

The disadvantages I cannot give you from personal experience, but I should judge there might be cases in which the tonsil for some reason would fail to deliver through the fenes-

trum, or a more rapid form of operation might for some cause be required. But where it can be done without waste of too much time or a too prolonged anaesthesia, this will hereafter be my operation of election, although in every tonsil operation the surgeon should always be prepared to operate in whatever manner seems best adapted to each individual case.

Now a word about hemorrhage and I am through. While the bleeding is always profuse, it ordinarily requires no special attention. But when it does assume alarming proportions. I want to say right here it may tax your skill and ingenuity to the utmost to stop it. The books will say apply hot permanganate solution, apply tonsil clamping hemostats and leave in situ, grasp bleeding points with hemostatic forceps, and use torsion or ligate. I will say I don't want to see any of you up against a bad case of real post-operative tonsil hemorrhage, but should you be so unfortunate, I should like to watch you controlling it by any of the above methods and note your success. No doubt if you can get your tonsil clamping hemostats properly and successfully placed before your patient has bled and gagged himself or herself into a state of collapse or death, they may control the hemorrhage. But I surely would question your ability to control it by torsion or ligation of the bleeding points. Monsel's solution of iron or pulverized tannic acid on cotton swabs, pressed firmly against the wound and between the pillars, will generally succeed if you will apply patiently, perseveringly and carefully and never say die.

A MEDICAL OLLA-PODRIDA

By J. Liftchild, M. D., Ukiah, Cal.

Read Before the California Eclectic Medical Society

Time was, when the practice of medicine was remunerative and the title of M. D. a guarantee of standing and dignity in a community. Today, however, he is in the category with the almost obsolete horse, which has been put out of business by the automobile, and the medico is wondering when he will be given the coup de grace, the medical colleges turned into homes for indigent doctors and medicine and surgery classed with the lost arts.

The past generations had a superstitious veneration for doctors and believed that no one recovered from illness without medicine. The medico encouraged this view and, like "Chanticleer," believed that the sun of health rose only at his crowing. Faith in the medical profession received its first jolt with the advent of homeopathy, people dying no faster under Hahnemann's sugar pills than when taking the orthodox qui-

nine and calomel of the allopaths. The advent of the Botanics, Eclectics, the Biochemic School, Alkaloidalists, Osteopaths, Chiropaths, Hydropaths and other "paths" too numerous to mention, have still further bewildered the laity and aroused their scepticism. In one particular only did these "paths" resemble each other, all "paths," as has been truly said, "leading to the grave."

Besides the different schools of medicine who consider it essential to know something about the human body and require at least some training before letting their graduates loose upon the community, a heterogeneous mob of "healers" have sprung up in this enlightened age, who consider a knowledge of anatomy and diseased conditions of the human body to be superfluous, and following the advice of the Bard of Avon, throw physic to the dogs. Instead of physicing, puking, sweating, jiu-jitsuing, or in some forcible manner restoring the patient to health, they rely on the supernatural and exorcise disease something after the manner of the Indian medicine man.

The followers of Mrs. Eddy, who comprise the most popular healing cult, invoke the aid of the Almighty to cure their patients, believing disease to be purely imaginary. They do not want imaginary fees, however, preferring something more tangible. Magnetic healers, absent treatment sharks, Voo-doo workers, clairvoyants and kindred fakers, ad nauseum, flourish all over the land, forming a heterogeneous mob all preying on the credulity of a gullible public.

While the people have exercised their own sweet and unguided will in selecting their schools of medicine, thousands of drug stores offer the opportunity to the sick to purchase their own remedial agents without the interposition of the doctor. It is time enough to consult him after you have experimented on yourself with the cure-alls of the drug store.

This bewildering condition of affairs; warring schools of medicine, mercury and moonshine, physicians healing with medicine or without, electricity and rubbing, water curing, milk cure, walking barefooted on the wet grass, injecting dead microbes, physical culture, absent treatment, spine straightening, rest cure, bleeding, vibrators, pneumatic devices, mineral springs, sugar pills and prayer have weakened the confidence of the people in doctors. People in the country one hundred miles from a physician do not die any sooner than those in the city where there is a physician in every block, and the question is more than apt to suggest itself, "What good are doctors, anyway?" Added to this, the competition of an overcrowded profession has produced a breed of doctors inferior in ethical standards to their predecessors. Faking is the keynote to suc-

cess in the profession, and the public, with a partial perception of the condition of affairs, gets even by beating the doctor out of his bill.

While the faker is making a harvest, the medicine man sits in his deserted office and wonders where he is at, sighing for the good old days when the fickle public had faith in something. With the preachers exhorting to empty pews, and the doctors watching their practice vanish, as their former patrons seek other methods of cure, the sole representatives of the liberal professions who seem to make it pay nowadays are the lawyers.

One of the iconoclastic tendencies of the age in medicine is the indiscriminate dosing by the laity with patent medicines. When a man's watch gets out of order and the pitman rod is jammed or the carburetor won't work he takes it to a first-class jeweler; if his horse gets the botts he calls in the veterinary; if he gets into litigation he consults a lawyer, but if he gets sick himself he thinks he is perfectly capable of handling the job. He takes stock of his symptoms and concludes that something inside is out of whack, usually the unoffending liver, and begins to feed himself some patent dope out of a bottle. He does not realize that he is packed full of delicate machinery, and, as the Bible says, is "fearfully and wonderfully made." He gets well doesn't he? Of course he does, unless he is very ill, and so he would if he consulted an Allopath, Eclectic, Homeopath, Osteopath, Chiropath, magnetic healer, clairvoyant, horse doctor or took absent treatment. Nature is on to her job and will make most cures if you let her alone and don't interfere too much. An intelligent physician, who doesn't kick nature out of doors and has a little horse sense, can relieve some of the distress and expedite the cure a little; but more often than not he has no more to do with the patient's recovery than the Indian medicine man or the Voo-doo charm worker.

As I have intimated at the beginning of my rather rambling remarks, the physician himself has had a good deal to do with the Missouri tendency of the public. The surgeon, however, owing to his tendency to put revenue before honesty, is shaking the confidence of the public in the only branch of the business in the hands of the profession, that approaches to an exact science. The successful surgeon gathers fore-skins with the avidity of the noble red man in his pursuit of scalps. Women with ovaries and men with appendices are growing rarer every day. The pursuit of the North Pole has not been more indefatigable than the efforts of surgeons to find the furtherest north of outre operations. The appendix may be the fifth wheel in the human economy, but it was placed in the abdomen for some other purpose than to provide revenue for the profession.

An appendix, according to the dictionary, is something that has been left out of the body of a book. If the appendix had been left out of the body of man open-front abdomens would not be so popular as they are. Appendices were fashionable in the time of our forefathers, but it is considered vulgar and plebeian to wear them now, and it will be but a short time before they are as rare as the bison and the great auk. The appendix was probably of some use in the internal economy of the earlier types of man, when his chief amusement was playing tag in the tree tops and eating bark and clover, but at the present time it is simply an ornamental part of the human sewerage system. Appendices are very exclusive and resent intrusion. They are a more expensive luxury than an automobile and it costs the nation more to get rid of them than it does to run the United States navy. It is a fortunate circumstance for a man to have an appendix of a modest and retiring nature and willing to "blush unseen," for just as soon as it gets the idea that it is running the whole works there is trouble. The ambulance backs up to the door, the surgeon whets up his can opener, the nurses assemble the chloroform, sponges and surgical hardware and the expectant relatives figure on the value of the estate. Appendices are becoming so rare now-a-days and surgeons are so anxious to add them to their collections, that when a man gets the stomachache he is afraid to consult a doctor, and if he does he holds on to his appendix with both hands and stays awake till he gets out of the hospital.

One can hardly discourse upon the subject of medicine without paying some attention to the subject of nurses. Today the trained nurse is so essential to the physician that he would be lost without her. The Sarah Gamp variety has passed away and we have a pseudo scientific type, the very antithesis of Dicken's famous character. Like typewriters, however, I notice that the good lookers are the usual ones to achieve success. A personal experience of mine might be pardoned, as it is pertinent to the subject under discussion, and I will, therefore, interpolate from my journal, written during a spell of sickness last year.

Every once in a while an actor has a yearning to sit in front of the stage and watch a performance from the viewpoint of a spectator; the preacher enjoys listening to another divine expound the scriptures; and most of us, at times, have longings to change jobs with the other fellow.

The tired doctor, as he legs it from house to house, catches himself envying his patients as they lie in bed in their cool, shady rooms, waited on by silent-footed nurses and not caring whether school keeps or not. What a delightful thing it seems,

when you are hot and tired to be able to go to bed and sleep undisturbed for twenty-four hours. I have had the opportunity recently of enjoying an attack of illness, and I find, with the poet, "Tis distance lends enchantment still," and I am perfeetly willing to leave the nice cool bed, the quiet, velvet-handed soft-spoken, ball-bearing nurse, and above all, the dear, dear doctors, to the other fellow.

A bed is a delightful resting place for eight or nine hours, but after that it grows harder and more corrugated, until one would willingly take a cement sidewalk in preference.

And the nurses—God bless 'em!—if you want to sleep they wake you up to give you something nasty out of a glass. If you want to stay awake they darken the room and feed you hop till you have to sleep. A patient under a trained nurse has even less rights than a colored man at an election in the South. A trained nurse is as tireless as an electric motor. Every minute she thinks that she has to do something. When she isn't taking your temperature she is sponging you off or giving you an alcohol rub or changing your shirt or putting on new sheets or giving you medicine or soup or gruel or craeked ice or fixing your pillows, counting your pulse or inspecting your tongue. The only time that she lets you alone is when she is working up the log on the clinical chart and you fall asleep to the music of the scratching of her fountain pen.

In the good old days, before trained nurses were invented, a patient could have a little comfort out of a sick spell. The nurse did as little as she could to earn her salary, let the patient alone and gave him a chance to get well. At the present time it takes a rugged constitution to stand off an attaek of illness and a trained nurse both at the same time.

I have also enjoyed the luxury of having three doctors attend me. What one can't think of to dope me with the others do. They are evidently emulating the immortal Ehrlieh, as they have made 606 experiments upon me to date.

The reason why I have had so many doctors is that I figure that one will counteract the effect of the others. The Allopath prescribed quinine and whiskey. I take the whiskey internally and rub the quinine on the outside. The Osteopath was a little too strenuous yesterday morning and stuck his thumb through my gall bladder. He plugged the hole with antiphlogistine and kept a-going. He jiu-jitsued me a couple of hours and fraetured three ribs. broke a kidney loose. tore a slit in my diaphragm and went baek to his office after spiked shoes. as he kept slipping off of my back while he was trying to dislocate my arms. As I watch him manipulate I realize more and more how hard it is to kill a man.

While they were taking my temperature the thermometer broke and I swallowed the mercury. The doctors did not seem to care, thinking that a little mercury, more or less, did not make any difference. They said that the pieces of glass would work out of my system in the course of time. One physician has an esthetic nature and selects pills the color of the organ he wishes to affect. His diagnosis was neurasthenia. He is using serum from a balky horse and is confident of curing me. The other medico suspects hookworm. If he is right, the only way I could have contracted it is in hooking up my wife's shirtwaists. The Osteopath I don't believe has any theory, but is training for a prize fight and is using me for a punching bag. While they all claim overwork to be the principal cause of my illness they are treating me by giving my organs as little rest as possible and I am beginning to fear that they may be converts to the Osler theory.

In reading this paper over it strongly reminds me of some of those old shotgun prescriptions of the old-timers, as it seems to contain a little of everything and has little rhyme or reason. However, it has one virtue, not common to medical monographs as it is written in the King's English. Medical authorities of the present day wish to impress us so much with their learning that they carefully avoid using anything but polysyllabic ultra scientific phraseology, and it is really refreshing to read over the works of the fathers, Scudder, King, Howe and other contemporary medical authors who seems to have been able to communicate their ideas in simple language. If one of our modern college professors were to describe a kiss he would deliver himself about as follows: "Osculation is one of the objective methods of demonstrating the affections and is performed as follows: The levator labii superioris and levator labii inferioris muscles, assisted by the levator anguli oris, protrude the orbicularis oris muscle, which is contracted. The buccinators are flattened and the air is drawn into the buccal cavity with an audible, sibilant hiss, terminating in an explosive sound. There is a transmigration of oral microorganisms from the adjacent buccal and labial mucous membranes, followed by a relaxation of the several muscles concerned in the act." This scientific description, while technically correct, fails woefully to give an adequate idea of what a kiss really is. There is a subtle something about the act of which science fails to take cognizance; the rapture, the wave of emotion, the unadulterated joy, the spiritual and sensuous aspect are utterly ignored in this cold, matter-of-fact definition. The only way to properly describe a kiss is to give an actual demonstration on some candidate of the opposite sex who will volunteer as a

clinic. The conditions must be ideal and it is better to spare the sensibilities of the lady by excluding spectators from the room.

One of the methods taken nowadays by the profession to get aronnd the non-advertising restrictions of the Code of Ethics is to mail monographs eulogistic of the remarkable surgical ability of the authors. Of course, when we receive them we are properly impressed by the great surgical ability demonstrated, if not by the modesty of the writer. The daily papers also contain some remarkable articles describing impossible surgical operations, due credit being given to the gifted surgeon. I noticed, some time ago, that a San Francisco surgeon had grafted a finger on a man's face as a substitute for a nose.

This seems to be an improvement upon nature and may, in time, come to be universally adopted. How convenient it will be for the patient to have this combination finger and nasal organ. If the nose gets to itching it can do the scratching itself, leaving the hands free to perform other duties.

One's proboscis invariably selects those times to itch when a fellow's hands have a previous engagement, and it is decidedly inconvenient to scratch. The habit, which so many people have, of freeing the nasal cavities of foreign material can be rendered less conspicuous if the hands can remain at the sides and the nose render that service to itself. There are many other more or less necessary acts which can be performed with ease and celerity. Stroking the nose seems to stimulate intellectual activity with some people and is very noticeable in lawyers, as they sit humped up in their chairs listening to learned opponents. This can be automatically performed as well as applying friction when the temperature is uncomfortably low. Unpleasant odors can be forestalled and one will not have to put an entire arm out of service in the presence of skunks, but will have both hands free to hold a gun. Some of my neighbors would find this combination nose and digit very useful in sticking their noses in other people's business, as the finger is a much more sensitive organ and being smaller can be inserted further.

As I look over this assemblage and see the familiar faces of my old classmates, my mind reverts to the days when I was an irreverent student at the old California Medical College. They kept us in the high gear those days and we had to put on chains and use every drop of gasoline when some of the old boys were throwing chunks of knowledge at us. Dear old duffers, we didn't half appreciate them or the efforts they put forth to pound knowledge into our thick heads. I am afraid that twenty strenuous years have made us forget much that occurred during those days, but the closing address of the old

Dean, God bless him, is still fresh in my memory. Leaning over the desk, with one hand tucked under his swallow-tail coat, he closed his final lecture with the following words:

Gentlemen and Ladies:

You are about to receive your diplomas and will in due time be turned loose on an unfortunate public and increase the numbers of an already over-crowded profession. Before launching you from the medical ways a few words of advice from one who has grown gray in the service might not be untimely, as the path of the physician is not strewn with flowers, but is full of tacks, from which you will receive many punctures.

For four years you have sat at the feet of the medical Gamaliels, and are supposed to conform to the pure food law.

Inside of two years fifty per cent of you will be herding sheep, chopping wood, selling sewing machines, or doing time in the penitentiary; forty-five per cent will be eking out an existence in the rural districts, and five per cent will be achieving success and carrying bank books in the cities. The reason for this is that while we can make doctors of you we can't give you brains. Furthermore, to achieve success one must have business sagacity, a knowledge of human nature, be able to inspire confidence, put up a front and not be too scrupulous. Incidentally you must know something about the profession.

Paradoxical though it may seem, those of you who know the most and can recite Gray by the yard are apt to be the biggest failures. The man with the microscopical brain and the redundent gall bladder, who fills his offices with awe-inspiring medical machinery, hires a white-capped female office attendant and an assistant, and runs three automobiles will take the mazuma from the fool public like candy from a baby. Medicine is not a profession, but a business. The more you know the less your ability to make a success, for you will have the tendency to think that because you have brains the balance of the world is similarly endowed. The honest man may be the noblest work of God, but he won't get rich in the practice of medicine. Only two classes of the medical profession do—the physician who has exceptional ability and the faker.

You have graduated from a school that will give you the best equipment for the practice of medicine, but this, you will find, will give you but little advantage over your competitors of other schools, as the object of practicing medicine is not necessarily to cure people, but to make a living. The laity does not know of your ability, but judges you by the location of your office, the fit of your clothes and the make of automobile you use. You will get undeserved credit for making cures

where nature does the work, and be damned by the patient whose life you have saved. When you get successfully started the more patients you kill the greater your reputation. The doctor who cures his patients but wears a fifteen dollar hand-me-down suit is not in it with his competitor who kills 'em all, but times the pulse with a $150 watch and patronizes a swell tailor. Don't place too much faith in what you have been told here regarding medicine. A given set of symptoms will yield about as well if the patient is given quinine and calomel, or one trillionth of a grain of common salt, or ten drops of a specific in four ounces of water, is punched and pumelled by an osteopath or is drenched, fired and roweled by a veterinary. Nature is long-suffering, and man is tenacious of life. It is only since doctors were invented that we have no more Methusalums. You have received an up-to-date medical education, but in a few years it will be about as valuable as last year's birds' nests or an obsolete battleship. A man who should attempt to practice medicine as it was practiced fifty years ago would be arrested for mal-practice. You therefore have the cheering prospect that you will have to reupholster your medical knowledge every year or two or you will be as great a back number as old Pithagoris, as styles in medicine change with more bewildering rapidity than do those in feminine wearing apparel. You are going from these halls with the idea that you are benefactors of humanity, but in less than one short year you will be disillusioned, and if you persevere in this fool notion you will be walking upon your uppers and your wife will be taking in sewing to pay the rent.

You are fortunately living in an age where the drug manufacturers supply you with proprietary remedies and therefore save much wear and tear on your gray matter in writing prescriptions. All that you have got to do is to look wise, ask the patient a few questions and the wholesale druggist does the rest. Half the time you won't know what you are giving, but that will probably be an advantage to the patient. Don't forget to impress upon him, however, the danger of using patent medicines.

Among physicians special emphasis is laid upon professional ethics, but after you have associated with your dear confreres a short time you will realize the old adage. "There is honor among thieves" does not apply to physicians, if it does among hold-up men and upper-story workers. After your first year of practice you will have provided yourself with a slung-shot and a pair of brass knuckles to use in your intercourse with your medical brethren.

Go forth, my young and innocent friends, into the inhos-

pitable world and cut your eyeteeth upon the teething ring of experience. After your four years of hard work here, and several more in building up a practice, I have no doubt that eventually you will be able to make as much in your profession as a blacksmith or a carpenter, and will have to work only twice as hard.

ECHAFOLTA IN SNAKE BITE.

J. B. Baker, M.D., Lompoc, California.

Joe Martin, age 3, was bitten by a rattlesnake on the bare foot at 7 p. m.

He was brought to my office at 9:30 p. m., nothing having been done for him in the meantime, except the administration of some whiskey.

The leg was badly swollen to the knee and quite painful. After incising the wound, I bound a pad of cotton, saturated with pure echafolta to the foot, and gave internally of echafolta. At 12 he had another dose and at 1:30 a. m. another. Up to this time the patient had slept but little, but now he went to sleep and did not waken until nearly 8 o'clock. Was then fairly bright and ate a little breakfast. The swelling gradually subsided and he is making an uneventful recovery.

I used no cauterization, Permanganate or otherwise, but pinned my faith to this Black Sampson, and was thus enabled to bear witness to the efficiency of specific medication.

When operating upon or dressing suppurative lesions (especially those of pleura, pericardium, joint, etc.), it is a serious mistake to disregard aseptic technic. The danger of secondary infection must always be borne in mind.

When an injury to the carpus is suspected, it is important to have skiagraphs of the lateral as well as of the sagittal view. The latter alone may fail to demonstrate a dislocation of one of the bones, and even a fracture may escape detection in it.

If pain on walking persist after a fracture of the oscalcis, or, indeed, after an injury in which fracture may have been overlooked, determine with the X-ray whether there is a projecting fragment or a breaking down of the inferior arch of the bone, or both.

Antiphlogistine affords not only a safe but clean method of pain or inflammatory conditions. It maintains heat in contact with the part for hours and its adaptability is only secondary to its therapeutic value.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PURE MILK

In one of our esteemed contemporaries it is stated that the people of Los Angeles failed to pass the ordinance for pure milk, a result greatly to be deplored, etc.

As this is a subtle perversion of the facts, it seems necessary for us to state that the ordinance in question provided for a tuberculin test for cows, and that the question of purity of milk was wholly inferential. Apparently the majority of the voters believed that the so-called tuberculin test is no test at all. Just why this proposed measure should have been advanced by some members of the medical profession we have been unable to learn. Has it ever been proved that the administration of tuberculin is a reliable test for tuberculosis in humans? At this writing is it even alleged to be a reliable test? Certainly not! It was discarded long ago. This being true, why infer that it is any more reliable when used on cows? Let us have proof and plenty of it, before we commit the profession to a mere theory.

The people know a lot more about these things than we give them credit for. They want milk as pure as it can be had, but they don't gulp down confidence stuff like they used to.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, D. C., June 18, 19, 20, 21, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 7, 1912. Oran Newton, M. D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Wellbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held July 2, at 8 o'clock p. m., at the College building.

Minutes of last meeting were read and approved.

No other business matters coming before the society, Dr. A. O. Conrad proceeded to read a very interesting and instructive paper entitled "Practical Application of the Roetgen Rays," which was discussed and many questions asked by those present.

Dr. H. C. Smith made a report on the Primer of Hygiene used in the California public schools.

By a majority vote of members, the report was accepted and ordered placed on file.

At the next meeting, August 6, Dr. Smith will read a paper.

Dr. Munk gave an entertaining report of the National meeting and his trip.

H. C. SMITH, Secretary Pro Tem.

B. R. HUBBARD, President.

CALIFORNIA ECLECTIC MEDICAL SOCIETY.

To the Members of the Eclectic Medical Society of the State of California.

Greeting:—The pleasure of addressing you as president of the Society can be equaled only by the ambition to make this a banner administration. This ambition is not merely a temporary "thrill" on the part of your president, but a sincere, earnest desire to meet the expectations of those who have thus honored her.

The excellent work being done by this Society is appreciated by all members.

That the Society is progressive needs no better demonstration than this—a woman physician chosen for the first time to preside over its deliberations and to guide its destiny for the year to come.

With the aid, the encouragement, the good cheer and wise council of the various members of the Society, surely this will be both a happy and a progressive year.

We shall all hail with much delight the coming of the Annual Convention, where we shall meet, exchange new ideas and review old ones, and enjoy a genuine good social time.

With best wishes to all,

Fraternally,

July 19, 1912. A. FLORENCE TEMPLE.

TRAVEL AND CONVENTION NOTES.

The road to the National Convention this year was a long one, requiring four days and nights of steady railroad travel across the continent, over six thousand miles going and coming. Such a long car ride becomes tiresome and wearing to many persons and is not altogether pleasant.

The weather was exceptionally good, nothing of any disagreeable nature being encountered. At this time of year there is apt to be a good deal of hot weather, but fortunately this was not the case on this occasion. There was really not one uncomfortable day during the whole convention, which was very much appreciated.

In passing along, many familiar objects were seen and brought up many memories of boyhood days. The great forests of the East have mostly disappeared, but in places there are still patches of woodlands left standing to show what the country once was like. In early days the predominating forest trees were the beech tree and the sugar or hard maple tree. These forest trees have mostly disappared and can only be seen in small numbers as compared with former years. The nut trees are also scarce, among which were the hickory nut, chestnut and walnut. The nut harvest from these trees was always

a great attraction to the farmer boy, who was always on the lookout for a harvest of these different nuts for winter consumption. Many a time the writer has robbed the caches of the squirrels, who had a habit of cutting the nuts from the tree when they were ripe and gathering them up into piles concealed in old rotten logs or among the leaves as their store of food for winter use. It was great fun for the boys, but a sorry experience for the squirrels to thus lose the fruits of their labors.

In early days the country was all fenced up with what was called the stake and rider worm rail fence. Scarcely ever can this style of fence now be seen in passing along, but it has been supplanted almost entirely by the wire fence where any fences are used at all.

The place for the meeting of the convention this year was Washington, D. C., and the attendance was as good as the average. A very interesting program was offered and much business transacted, so that there were no delays or over-running of time from either loitering or excessive business. The headquarters were comfortable and the meeting room large enough but not as convenient or free from noises as it might have been. There is always more or less trouble to find a room that is just suited for such a meeting. If the place is engaged on trust and trifling matters overlooked, such items sometimes become the cause of considerable annoyance during the meeting. In this case the room was on the second floor, but over the kitchen and engine room, and there was a constant noise of the clatter of dishes, loud voices, rumbling of machinery and sound of escaping steam. The matter of engaging a comfortable room for meeting should never be overlooked by the arrangement committee.

The statement has been made that this meeting of the convention in Washington was the first one ever held there, but this is a mistake. I remember very distinctly of the meeting held in the capitol of the nation in 1876, when General Grant was President. Members of the convention all had the privilege and pleasure of shaking hands with this distinguished man and the meeting was an interesting one; but in that year the weather during the meeting was excessively hot and uncomfortable. I remember how we all groaned and sweltered with the heat. After the convention adjourned, many of the delegates went to Philadelphia to attend the Centennial Exposition, which was then in progress. I with others, went up for a few days, but the heat continued unabated, and being uncomfortable and sick, cut my visit short and struck out for home. This year no complaint can be made as to the quality of weather furnished. It was simply delightful.

The President, Dr. Stephens, gave a splendid address that was inspiring. Many good papers were read and discussed, and

altogether the program furnished very great and interesting variety of material for an interesting session. Members were present from everywhere as usual, and many familiar faces were met. We were glad to find Dr. Boskowitz present, as he always is and has been for many years. If every member would take as great interest and devote as much time to the work of the National as Dr. Boskowitz, the Association would greatly flourish. What the work needs is more men like him. Another familiar face was that of Professor John Uri Lloyd, who is likewise in attendance at these meetings. With such men present and appearing on the platform to discuss the live and useful questions of the day that come up, we are always assured of an interesting time and a successful meeting.

I stopped at Cincinnati on my return trip and visited a day with Professor Lloyd and family. He has lovely grounds surrounding his home and also a botanical garden of wild plants that are most attractive. I had the pleasure of an automobile ride to a primitive forest, which is an asset of the Lloyd Library, and a part of the family estate. This piece of woods has not been touched for a long time and is in its native state of primitive wildness and will always be preserved in this condition. The ride to the woods was along the Lexington Pike in Kentucky and presents a charming variety of landscape. On this pike is located the now famous village of Stringtown, described in that fascinating novel of "Stringtown on the Pike." Here was the Lloyd home for many years and the house in which Professor Lloyd lived when a boy and the schoolhouse where he went to school are still standing.

Extensive changes are contemplated in the laboratory of the Lloyd Bros., and are already begun. These improved facilities will greatly enhance the business of this firm and furnish the additional room which has been long needed. Since the report was made in the journal of the American Medical Association that echinacea was a worthless drug and a remedy of no value, the demand for it has greatly increased. It is indeed the best seller which the Lloyd laboratory sends out and is so much in demand that the supply is scarcely ever sufficient to fully meet it. This shows how reliable the news is that sometimes comes from headquarters of Allopathy.

The National meets next year at Dallas, Texas, and is preparing to meet in San Francisco in 1915. The place of our next meeting was a good selection, as Texas is a large and fertile field for the growth of Eclecticism, and the meeting will no doubt do the cause much good.

The following officers were elected for the ensuing year:
President, F. L. Wilmeth, Lincoln, Neb.

Vice-Presidents, C. M. Ewing, Harrisburg, Pa.; M. B. Morey, Smiley, Texas; George L. Bristol, Middlebury, Conn.
Recording Secretary, W. P. Best, Indianapolis.
Corresponding Secretary, W. N. Mundy, Forest, Ohio.
Treasurer, E. G. Sharpe, Guthrie, Okla.

J. A. MUNK.

COLLEGE NOTES

Herbert T. Cox

On account of a recent ruling of the State Board of Medical Examiners, which now requires that all future students must have all conditions in preliminary education removed before entering medical college; the board of trustees has deemed it best to establish a department of preliminary education, to be conducted during the summer. Each year hereafter all prospective medical students in California with conditions or deficient credentials must pass an examination given at Berkeley in August of each year. On account of the change an examination will be held this year only, in Los Angeles in September for present students to remove their conditions.

Hereafter any prospective student intending to attend the California Eclectic College, who happens to be deficient can attend one or more terms in the preliminary department, and prepare himself for the examination for credentials. Therefore it is very important for every physician who has a prospective student, to send him or his credentials to the dean early in the spring, so that his credentials may be passed upon, and if he is lacking in anything he will have ample time to clear his record by the opening of college in the fall. The department has a very competent and popular instructor at its head, in the person of Prof. A. B. Clayton and a thorough course is assured.

We are glad to announce that the Alumni Association has been reorganizing this spring. Articles of organization were adopted in Los Angeles May 7, 1912, and ratified at San Francisco at a meeting held May 29, 1912, at which time officers for the ensuing year were elected as follows: President, J. Fraser Barbrick, M. D.; Secretary-Treasurer, Harry C. Smith, M. D.

This is a good move as the Alumni has practically been unorganized since the earthquake, and as there are several hundred graduates, it means a strong organization, if each will join. And it is a duty which each owes to the institution which faithfully taught him for his life's work. For the progress of any college depends more often than we think upon the moral support and loyalty of its Alumni and the spirit of its student-body as well as upon the devotion and enthusiasm of its fac-

ulty. So give it your honest effort, join the Alumni, keep in touch with your old college and classmates, mix up, get the rust off and let the college stand on the firm triad of a student-body enthusiasm, Faculty devotion, and last, but not least, Alumni Loyalty and "Watch us Grow!" Nothing further can be said better than to state here the objects of the organization as found in the articles of organization.

ARTICLE I.

Objects of the Association.

To work for the promotion of the prosperity and best interests of the California Eclectic Medical College, and to keep alive the love and loyalty of its graduates for their Alma Mater. To work for the higher interests of the medical profession in general, its members in particular, and to maintain and cultivate good feeling and fellowship among the Alumni. To advance the science of medicine and medical education by the diffusion of the sound and rational principles of Eclecticism and thus promote the cause for which we stand. To establish prizes for students, endow scholarships for free or partially free medical education at the college for sons of Alumni whose means are limited; and to aid in the increase and upkeep of the college laboratories, and the endowing and supporting of its chairs of didactic teaching, that its additional facilities may meet its increasing requirements, and its high educational standards may continue.

For these latter purposes the Association solicits and will receive through its President or Secretary-Treasurer donations and subscriptions of money; bequests of books, magazines, etc., to the college library, of scientific collections allied to medicine and surgery, and of anatomical and pathological specimens for the museum, and gifts of instruments, apparatus, medicines and supplies which can be used for clinics, laboratories, etc.

NEWS ITEMS

Mrs. D'Angelis has been spending part of her vacation in the Westlake Hospital, where she underwent a serious operation. We are glad that she is now able to leave much improved in health.

The hosts of interested readers of the Health and Care of the Body department of the Los Angeles Times, conducted for many years by Dr. Harry Ellington Brook, miss that department very much since Dr. Brook left it. He always led an act-

ive campaign, was clear and outspoken on all subjects and wrote in behalf of the best interests of the people. Even if a man did not always agree with him in what he said, yet he was always interested. Dr. Brook's style and personality is most attractive and has won many friends to the study of health subjects. Since leaving the Times he is publishing a new magazine entitled "Brain and Brawn," which furnishes instruction on health topics. All who know anything about Dr. Brook will be glad to become a subscriber to his magazine and thereby help promote the cause of good health.

The late speech of Hon. John D. Works against the Owens Bill and in favor of medical freedom was an address of unusual force that makes exceedingly interesting reading. He presented the subject in a way that made it clear not only to senators, but to the laity, and quoted many authorities in support of his contention that the bill should be defeated. It also contains reference to the various state laws and their effect upon medical legislation. His speech carried great weight and made a telling effect. If ever allopathic medical legislation is finally defeated, it will be through the work of the National League and such able leaders as Honorable John D. Works.

Dr. and Mrs. J. C. Andrews of Philadelphia, former residents of Los Angeles, attended the National Eclectic Medical Convention in Washington, D. C.

If all that the fad dietists tell us about eating is true, it is surprising that primitive man ever survived or that any of us ever succeeded in growing up.

Jessie G. Forrester, M.D., who lectured for seventeen years on Gynecology in the Bennett Medical College, is now living in her new home at 427 Cherry street, Ocean Park, Cal. The California Eclectic Medical College recently enjoyed a very pleasant call from her.

Dr. J. F. Gibbon, San Francisco, has sent in his renewal for the Journal.

Dr. H. Scott Turner, Pomona, was a recent visitor in Los Angeles.

Dr. and Mrs. H. T. Webster, Oakland, have returned from their European trip.

Dr. C. H. Ervin has returned from a two-weeks' vacation spent in Oregon.

Dr. E. H. Mercer has changed his address from 1300 Golden Gate avenue to 111 Ellis street, San Francisco.

Dr. H. V. Brown has moved from 1954½ East First street to the corner of Stephenson and Euclid avenue, Los Angeles. We acknowledge the receipt of Dr. Brown's subscription for the Journal.

DIED—Dr. W. J. Lawrence died on July 6th, after a long illness. The funeral was held on July 9th, followed by interment in Evergreen Cemetery. The Journal extends sympathy to the bereaved wife and small son.

READING NOTICES.

THERE'S A SURPRISE IN STORE FOR YOU—

and a most agreeable one, too, if you have been using chloral and the bromides wherever you wanted to quiet a restless patient or overcome insomnia. PASADYNE (Daniel's Concentrated Tincture of Passiflora Incarnata) and find how much more efficient it is than chloral and the bromides, and how free from their dangers and untoward effects. The next time you want to sedate a patient, use PASADYNE and experience the surprise spoken of. A sample bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

POULTICES SHOULD BE STERILE.

Prof. George Howard Hoxie, of the University of Kansas, in his most excellen t book on "Symptomatic and Regional Therapeutics," states under the heading of localized inflammation that "the danger of infection should ever be in mind in applying a poultice, for the maceration incident to the poultice favors infection, even if in ordinary circumstances one might consider the area germ proof."

Again he refers under the chapter on Pain, to the dangers from using dirty poultices and that skin affections have been added to the ordinary disorder when bread-and-milk or linseed poultices have been used to relieve pain.

It is thus noted how important then, it is, in the employment of a poultice for the relief of pain and inflammation, that a sterile and trustworthy product be applied. Inasmuch as poultices are a means of producing Hyperemia by the use of heat and insofar as they do this better than by other means, it is interesting to observe that in the belief of Prof. Hoxie that "the clay poultices, known best in the form of Antiphlogistine, are the best to employ, as they are sterile and clean.

Antiphlogistine affords not only a safe but clean method of utilizing the advantages of hot moist heat in the treatment of pain or inflammatory conditions. It maintains heat and its adaptability is only secondary to its therapeutic value.

H. H. BLANKMEYER, M.D., Secretary

M. A. COOPER, M.D., President

MRS. ROSA B. GATES, M.D., Treasurer

OFFICERS OF THE TEXAS ECLECTIC MEDICAL SOCIETY

The California Eclectic Medical Journal

Vol. V. SEPTEMBER, 1912 No. 8

Original Contributions

OUR FIGHT FOR EXISTENCE AS A SEPARATE SCHOOL OF MEDICINE; AND SOME OBSTACLES IN OUR PATH.

H. C. Smith, M. D., Los Angeles.

(Read before the Los Angeles County Eclectic Medical Society)

We seriously and justifiedly contend that the American Medical Association political machine is exerting every effort to legislate us—as a separate school of medicine—out of existence.

Our State and County Societies have aligned themselves with the National League for Medical Freedom in an effort to avert extinction.

We read in a medical journal for June, 1912, (of the regular persuasion but opposed to the A. M. A. Machine), the following:

"An indication that sectarianism in medicine is rapidly giving way to a harmony of scientific spirit and therapeutic endeavor, is the fact that there are at present remaining only twelve homeopathic medical schools, and seven eclectic colleges."

As eclectics we are in harmony with the scientific spirit and have led for over a third of a century in therapeutic endeavor; and while we ascribe various reasons for the bigotry and intolerance of the leaders of the A. M. A., we wonder why the rank and file of the regular profession refuse to place a proper value upon our system of therapeutics.

That there is a great deal of bigotry and intolerance exhibited by the regular profession I am free to admit, but my personal experience compels me to believe that a large percentage of the members of that school are not antagonistic, but merely cannot see wherein we have any particularly just claims to an existence as a separate and distinct school of medicine; and are honest in their beliefs.

Those having no personal knowledge of our remedies and their successful administration, accept the dictum of the Council of Pharmacy and Chemistry of the A. M. A.—that the agents are valueless—and let it go at that. Many others, seeing our success, but understanding nothing of the underlying principles of eclectic practice, i. e., specific diagnosis and specific medication—cannot understand why we should be sectarian, instead of joining the regular ranks and becoming simply a "physician" so that by some hocue pocus a knowledge of our practice should be imparted to that great body.

In view of the training they **have** had, and of the fact that they have had no training in our fundamental principles, and that their ideas of them, at best, are very vague, it is not at all surprising that it is a difficult task to elucidate our system of practice and convince them that we have something of value independent of, or rather, additional to "regular, scientific" medicine.

Most of us will heartily endorse the following, which is the opening paragraph of an address by Dr. Geo. A. Doss to the Georgia Eclectic Medical Association, and reported in the N.E.M.A. Quarterly for June, 1912. He says: "The advancement of science, so far as it concerns medicinal agents and the successful combatment of diseased conditions, is due almost wholly to specific diagnosis and specific medication."

Many such expressions may be found in our literature if searched for by friendly eyes; but the members of the old school are not viewing us, or our literature, with friendly eyes, but with those of either indifference, or for the purpose of finding words wherewith to condemn us out of our own mouths.

To show that they can find them I shall first quote from an article in the May, 1912, number of Ellingwood's Therapeutist. Dr. Eli G. Jones has this to say: "One writer has said that 'Specific Medication is Eclecticism, that Eclecticism is specific medication.' If so, then I am not an Eclectic and could not be, for the very meaning of the name Eclectic would condemn any doctor, who claims to practice specific medication, and discards all other medication."

If there is anything about the practice of specific medication that demands the discarding of anything of therapeutic value, I am unaware of it.

He further says: "The word, eclectic, comes to us from the Greek language, lego, to select, ek, out of. To follow any system of therapeutics and call that eclectic is to make ourselves ridiculous in the mind of any Greek scholar, of anyone

who knows the meaning of the word eclectic." Thus implying, I suppose, that we can only be eclectics by practicing without any system, which, if true, would stamp the vast majority of regular practicians as eclectics. But he goes on to state a truth, when he accuses the Eclectic school of ignoring; but which I assert, with an abundance of literature to sustain me, the eclectics above all others have endeavored to adhere to, and thus take direct issue with him. He says: "To be an Eclectic in the purest sense of the word, is to be a physician, a broadminded, liberal man, one who knows the whole realm of drug action. Such men become a mighty power for good in their profession, because they have resources to draw upon, that no other physician has. . . . Such men are making their influence felt, and the people turn to them when they are sick, because they cure their patients. If the Eclectic School of Medicine had adopted this plan and held to it for the past seventy-five years (which we claim they have) they would have led all other schools of medicine. But they were sidetracked by that incubus, the thing they call specific medication. The word specific grafted on the therapeutics of the Eclectic school of medicine has done more to condemn the school than all else. It is a word that comes from the old school. They are notorious for hunting for specifics. I have no use for that word in my vocabulary; neither has any doctor who knows materia medica."

In this same line he says: "A gain of 2000 in 53 years. What has checked the growth of this system of medicine? There are various reasons, but one stands out more prominent than all the rest because we have discarded some of the most valuable remedies in the materia medica of the different schools of medicine and followed the teachings, the dogma of one man, the author of specific medication.

"A school of medicine that might have been the grandest, the most powerful for good on the American continent, has narrowed down to one man's system of therapeutics."

There is nothing in eclecticism that teaches us to discard any remedy of therapeutic value, and has not been since the early fathers of the school in their disgust at the abuse of Mercury and Antimony, went to the opposite extreme and advised against their use, at all; unless we consider the attitude of many eclectics toward serum and vaccine, therapy, which is shared by Dr. Jones. His animus against the founder of specific medication has caused him to ignore the rationality of the system and the absurdity of his opposition for aside from the fact that Webster uses the word specific in that

"vocabulary" as an adjective, thus: "Exerting a peculiar influence over any part of the body; preventing or curing disease by a peculiar adaptation, and not in general principles;" and as a noun, thus: "A remedy which exerts a special action in the prevention or cure of disease; an infallible remedy, or one supposed to be infallible," Dr. Scudder constantly proclaimed the fact that his use of the word applied to pathological conditions and not nomenclatural diseases.

Dr. Jones is the author of two books purporting to be eclectic, which we are supposed to purchase for our own edification, and recommend to our friends. One of these is entitled "Definite Medication," and the only paragraphs in the book that are, in any sense, **definite,** are what we know as "specific indications," the ground work of which was given to us by John M. Scudder and he is the "one man" referred to by Dr. Jones, and "specific medicine" is the "dogma" which he so bitterly assails as the most prominent cause for retardation of progress in the eclectic school; and these "specific indications" are the kernel of specific medication—the ultimate sum and substance. He also names a number of diseases and assumes that the modern eclectic is unable to cure them, whereas the older eclectics did cure them, and asks where our statistics are, and if we are afraid to publish them. As a matter of fact the modern eclectic is more certain of his diagnosis, and as capable of curing, where possible, as the older eclectics, and only refuse to make any particular hullabaloo about it because we do not think it necessary, because the A. M. A. have designated us "quacks" on the theory of "enjoying the game, as well as the name."

He further says: "To be a physician a doctor must absolutely rid himself of all prejudice against any school of medicine" and I suppose that if this were pointed out to him, he might make it apply to our "system" as well as to any other school.

My next and last quotation is from the N. E. M. A. Quarterly, June, 1912, page 311, viz: "Now, let me say in conclusion ,that Allopathy, Homeopathy with its two branches, biochism (sic) and specific medication, Botanic medicine, Thompsonianism, and the array of isms and notions, none of them constitute eclecticism," thus classing specific medication as homeopathic and not eclectic.

Both of these men who are so valiantly furnishing arms and ammunition to the enemy at this critical period of our history, are men well advanced in years, and if not exactly contemporaries and co-workers of King and Scudder, could

easily have lent a hand, at the crisis that existed in our school thirty-five to forty years ago. At least Dr. Jones gives his book to the profession as the accumulated experience of forty years of practice. Yet history does not show where either of them stepped forward to lend a helping hand to King, Scudder, et al, or to offer any better method of saving eclecticism from disaster.

It has been less than forty years since Stille in America and Phillips in England endeavored to save regular medicine from the catastrophe which overtook it, which latter, of course, indicates that they failed.

Eclectic medicine, having gone through the resinoid and concentration fad, was fast succumbing to the effects of large doses of dirty, inactive fluid-extracts and tinctures, and in spite of the labors of such men as John King, it was as near disaster as was regular medicine.

Realizing that it was neither the men nor the methods that were at fault, but that it was the lack of clean, active preparation of drugs from the vegetable kingdom, John M. Scudder now took a hand and it was largely through his efforts that the drug houses of Merrell and Lloyd began to prepare such clean, active remedies, and have continued to do so up to the present time, and have given the eclectics an abiding faith in medicine.

I believe I am safe in saying that had it not been for the medicines furnished by Merrell and Lloyd, eclecticism would have been dead so long that it would be difficult to exhume a remembrance of it, and this present fight would not be.

Eclecticism is not so noteworthy for the new remedies developed as for the old ones it has kept alive and developed in spite of Allopathic "therapeutic nihilism," and this is largely through the successful efforts of King and Scudder at the critical period when Stille and Phillips of the regular school were failing.

But regular medicine is coming into its own again, largely through the fact that all drug houses are now endeavoring to outvie each other in the production of active drug preparations. It is doing so as fast as prejudice against eclectics and homeopaths will allow it to accept anything developed or kept alive by these schools.

Then why should we desire to fight for an existence as a separate school of medicine?

This is the way I see it. John M. Scudder, seeing not only Stille but Phillips, who was broadminded and unprejudiced, and who freely accepted and accredited the work of King, and

other eclectics, fail in their endeavors to keep the old school in line, and give them a rational therapeutics; not satisfied with obtaining active remedies with which eclectics might work, but accepting the work of preceding and contemporary laborers in the field, and applying this knowledge to his own vast knowledge of diseased conditions, gave us the foundation for specific diagnosis and specific medication.

Today it is our adherence to these principles and our practical application of them, that distinguishes our work from that of any active, earnest, old school therapeutist and these have constituted our pleas for separate State examining boards, or for separate examinations (or none at all) in materia medica and therapeutics in the mixed examining boards.

And I believe that the reason that the political machine of the A. M. A. is working with such precision, and with such an air of certainty of success, is because they know that there are enough men who practice under the eclectic banner, and proclaim themselves the only true-blue, "dyed-in-the-wool" eclectics, who, while they were notably inconspicuous at a time when eclecticism was passing through a previous crisis, and needed active workers, are now ready to damn us, and help our enemies by criticising the men who saved the school from extinction at this previous critical period, and denying the principles that distinguish us as a school of medicine; and enough men who, while graduates of our various colleges, seeming to think we are doomed to extinction, have allied themselves with the regular societies and renounced eclecticism: "getting out from under while the getting is good," to use a slang phrase.

A few such can undo all that scores of earnest, hard-working eclectics can accomplish.

Let eclectic journals refuse to publish criticisms of specific diagnosis and specific medication and the men responsible for these principles, at this particular time, when, at best, we are fighting an uphill fight.

SUPPURATING CERVICAL LYMPHATICS.

H. T. Webster, M.D., Oakland, Cal.

My readers are doubtless familiar with this class of cases. They are not infrequent in general practice, and often try the patience of doctor and patient, not to mention parents or guardians; for the disease usually occurs in children, and may be made the cause of dire foreboding on the part of those

having them in charge, if a case fall into the hands of some brainless, over-zealous devotee of ultra-scientific medicine.

In these days, when almost everybody is in a panic over the tuberculosis scare, threatened abscess of the lymphatics is enough to set the trouble-pot in the family to boiling, and many inexperienced tyros in medicine there are who add immensely to the turmoil by predicting all sorts of terrible outcome. According to their ideas and theory, the unhappy juvenile who is thus affected is booked for an early grave, due to tuberculosis; and the outrages which are perpetrated by this ilk in the name of science are more than legion.

An anxious mother has just left my office with a little girl of five, who within the past six months has passed through a severe ordeal arising from the appearance of an enlarged lymphatic gland in the left anterior cervical region. The mother stated that she would rather see the child buried than see her go through a repetition of the same experince. Besides, as she depends upon her individual effort for support, her resources have been severely taxed financially.

A young practitioner with surgical ambition was consulted in the case, and he imparted the soothing information that it was tuberculosis, and that if the glands were not removed immediately the child was liable to die soon with pulmonary consumption.

So the patient was removed to a hospital and subjected to an operation, with the result that a ragged scar remains, about two inches in length, with rough points at the places of stitch insertion. Worse than this, the operator meddled with the nerve supply of the facial muscles in some way, so that the mouth is drawn on one side when the child laughs, and the mother stated that for a time after the operation there was continual drooling in the corner corresponding with the operated side. Moreover, a purplish hue of the lower lip suggests interference with the vaso-motor supply of that part. Recovery may follow in time from the paresis, but nothing will ever hide the unsightly scar except another operation. So much for meddlesome and unskilful surgery!

The occasion of the mother's call on me was the appearance of an enlargement in the anterior cervical region of the opposite side, now only about the size of a marrowfat pea. It is obviously an enlarging cervical lymphatic, and the parent was very much alarmed. I have assured her that the part may eventually suppurate, though if this should occur it would mean nothing alarming. I have given her a trituration of calcium sulph., and informed her that it would either discuss

the swelling or hasten its development. In either case, the child's life was not threatened, and in case of suppuration results were liable to be salutary rather than otherwise. She has departed with a light heart, very much comforted.

I have practiced medicine long enough for some of the girl-babies I have assisted into the world to become grandmothers, have seen many cases of enlarged lymphatic glands in the neck, and have seen such subjects afterward grow to robust maturity. I have never known serious results to follow, if a sensible course was followed in the management. In some cases, with calcium sulphide as an internal remedy, or silica or calcarea carb. used early, they will subside, but I do not consider it at all a bad symptom if the swelling goes on to suppuration. A slim bistoury is then employed to permit of discharge of the pus, and rapid recovery follows. I take it, that a child inclined to tuberculosis, is fortunate if the tuberculous material is discharged that way. It appears to me to be a kind of humbuggery, to excite fears in the minds of parents and resort to removal of the glands surgically, thus to extort a fee for a worse than useless surgical operation. Nature removes them in time, though suppuration often occurs very slowly; but not painfully, usually. The salutary results of such an occurrence are often unmistakable, the child improving in general health afterward.

Two years ago, a young lady from San Francisco, accompanied by an elderly matron who had long been one of my family patrons, called on me to tell of her troubles. Several weeks before, she had noticed an enlargement of one of the cervical lymphatics, and at the urgent advice of an acquaintance consulted a lymph specialist, who diagnosed a case of tuberculosis, and proceeded to shoot her with a syringeful of toxine. The following day she was a sick girl—had a high fever, severe headache, and nausea. This continued for several days, but by the end of the week, when she was to report for another treatment, she was feeling somewhat better, though weak. Another treatment served her in like manner, and she was all the time growing weaker and more discouraged. She did not have much money, and her home was in Michigan; she was a milliner apprentice working for small wages, and it cost her ten dollars for each visit to the doctor. After four experiences she was informed that she would have to go to a hospital in order to continue treatment, as she was too much run down to wait on herself. The future began to look blue. Still, she hesitated about abandoning her serum doctor, for he had assured her that it was her only hope.

The fee for me, in this matter, was not of much account, but I sympathized very much with her in her forlorn condition, and finally, with the aid of her friend, succeeded in inspiring enough faith to induce her to abandon the serum treatment, and hope for better prospects. She was pallid, feverish, the skin was clammy, appetite gone, and she was wakeful most of the nights. I assured her that if she would abandon the serum treatment I would help her, and she consented.

A mild tonic, with small doses of calcium sulphide, was prescribed, with instructions to report in a week. She was led to expect the swelling to grow larger and become reddened in appearance until suppuration was completed, which might require several weeks' time. A month afterward suppuration had advanced sufficiently for opening, a slim bistoury was thrust into the lower surface of the swelling, and a large amount of pus allowed to escape. By this time her general health was very much improved, and no trouble afterward. Her courage had returned; her appetite and strength were normal, and she was so cheerful and happy as to look back and realize the ridiculous part of her experience.

Several months afterward she visited me for advice as to her mother in the East, who was suffering with a chronic disease, and reported her own health all that could be desired.

I do not refer to these cases because of their rarity, for I have encountered many of them, and never one that presented any serious phase. My object is, to warn our young practitioners against being influenced by the clap-trap advanced by some of the ultra-scientific upstarts of the present day, who advocate extreme measures for simple and almost harmless conditions, thus endangering life and future health and happiness. The days of literal bloodletting are largely past, but not those of "bleeding" the pockets of trusting victims who are liable to fall into snares.

THE DEATH PENALTY A RELIC OF MEDIEVAL BARBARISM.

Dr. Edward P. Bailey, Los Angeles, California.

Is it not high time that capital punishment joined the great list of barbarities of an ignorant past, like the burying of suicides at crossroads in the dead of night, hanging, drawing, mutilating, quartering, or the burning of witches and similar atrocities? That it will be done away with sooner or later among civilized nations there cannot be a shadow of a doubt, and children yet unborn will read with wonder and astonish-

ment that their forefathers maintained a hangman at the public expense, even as we now wonder that our forefathers kept a headsman, whose dictum in the case of an agitation against the "divine rights" of kings was in every case final. The gibbet is a relic of the past; yet in the palmy days of that weird instrument, good old Tories believed it was essentially one of the bulwarks of the State. It served its purpose in its rude, rough day, when might, not right, held the sway; yet even the creaking gibbet, with its ghastly cargo of bones and rotting flesh, did not restrain the highwayman on the lonely heath from committing robbery and even murder. It did not stop the hand of the assassin, though it may have terrified him after the deed. The guillotine, which received its baptism of blood in the days of the French Revolution, has not cleared the soil of France of murderers. There is no country in which more brutal tortures are committed in the name of the law than China, yet murderers are as plentiful in the "Celestial Empire" at the present day as they were at any time in the dim and mysterious history of that wonderful country.

All these should teach us a lesson. We should ask ourselves the question whether, in our enlightened age, with all our vaunted civilization, we should still cling to the process of checking crime which held good in the days of barbarism, darkness and ignorance. Murder began with the earliest history; it forms the first sensational incident in the Bible, and though it has been punished with death in various shapes and forms ever since, it is not yet stamped out. Indeed, it may be confidently asserted that murder cannot be prevented by ANY SYSTEM OF PUNISHMENT, however terrible, that the ingenuity of man could possibly devise. Why? Because murder is seldom a crime meditated and carried out by sane men or sane women. Every murderer is a madman, whose judgment is unbalanced by various agencies. Chief amongst the causes which lead men to take the life of a fellow-man are drink, jealousy, revenge, or some malformation of the brain, which physicians can detect but not always describe. When we remember what a delicate piece of mechanism the human brain is, and reflect that it is just as liable to injury, malformation or disease as any other part of the body, we need no longer wonder that there are maniacs, "eccentrics," or imbeciles in our midst. We should train ourselves to look with compassion on the murderer, for his life must have been a terrible experience. His abnormal brain may have been the result of some action on the part of a remote ancestor, just

as scrofula can break out in the third or fourth generation in the faces of people pure, innocent and guiltless of harm or evil thought. The drunkard's brain is set on fire by drink, not always because he has imbibed more than his fellow-man but simply owing to its structural peculiarities, which render it more liable to the ravages of the alcoholic fiend. The fiery spirit surges through his veins, overwhelming his normal discretion and stimulating him to deeds of madness. Imaginary or trifling wrongs become exaggerated into evils of terrible magnitude. The loving wife's anxiety for her husband's welfare becomes a crime in the frenzied imagination of the drunkard, whose mind is filled wih a wild and ungovernable desire to beat out her brains or cut her throat. Lust, indulged to excess by the weak and sensual-minded, is a fertile source of crime, breeding jealousy and an insane longing to clear the path of everything that blocks the way to the consummation of its cravings. The sense of injustice or wrong suffered has been the powerful factor in many a murder; the minds of some individuals manifesting an exceptionally morbid tendency. Such men are gloomy, sulky, and reticent; they nurse up their grievances (imaginary or real) until the sense of injury has become a "fixed idea," so that neither acts of kindness, explanation, reasoning or argument can wipe it out. Nothing but blood can appease the victim of this species of insanity, and his thirst for revenge may go to the extent of mutilating the corpse, or, as in the case of the Corsican vendetta, even doom to death the innocent relatives of the "enemi." Then, again, there is the REAL madman, not perhaps, sufficiently demented in the eyes of his neighbors to be locked up and guarded in an asylum, but abnormal enough to be dangerous when he breaks out and loses control of himself. For such as these what punishment can avail? Hang ninety-nine of them before the eyes of the one-hundredth and he will commit a murder as he returns from the gallows, thinking he is doing something grand and truly noble. The poor, betrayed servant-girl who murders the infant she has just given birth to is temporarily insane in her terror of shame and exposure. If nature can, under such circumstances, defeat her own ends to the extent of setting aside the most wonderful instinct on earth—the mother's love for her offspring—what penalty of death, let me ask (however dreadful we may make it) will be sufficient to restrain her?

Capital punishment having so signally failed as a deterrent to the crime of murder, are we not wrong in continuing it? Does it not constitute a serious blot on our civilization, an

eyesore to enlightened reason and a singular commentary upon our boasted progress in the direction of humanity that we should still cling to a species of barbarism that was crude even in the days of our ancestors? The doctrine of life for life is one of the oldest and vilest in the legal and moral codes of the ancient world. It was born of a wild spirit of revenge and is the fatal heritage of a time when men acted more like Bengal tigers than like rational human beings in our present-day sense, and in order to learn how far this tiger instinct permeated the ferocious law-makers of the past, we have only to look at the crimes which were once punishable by death. It is a record of cruelty and blunder which makes one feel ashamed of claiming kinship to a race that was capable—even five centuries ago—of such enormities.

The great fear in the minds of many thinking and righteous men is that if the death penalty were repealed, murder would run rampant through the land. The experience of such countries, however, in which it has been abolished does not verify this presumption, while, on the other hand, it has been clearly demonstrated that hanging, decapitation, or even quartering is no deterrent. Then, why keep up the fallacy? Murder brings its own punishment—a penalty far more terrible than the dread of the hangman's rope—that is, the punishment of conscience. REMORSE is so fatal an avenger that many a murderer gladly hails the friendly hand that sets him free. I would set aside one jail for all murderers, as it is desirable that they should be isolated from the community of their fellowmen. It should be known as THE PRISON OF MURDERERS. That place in the course of time would have a greater terror than the gallows, for its inmates would realize that they were as dead so far as the world is concerned.

REMARKS ON THE DIARRHOEAS OF CHILDREN.

C. H. McCuistian, M. D., Valley View, Tex.

(Read before the Texas Eclectic Medical Society.)

It is not my intention to point out anything new in the treatment or management of this class of disorders of childhood.

I merely hope to review some of the most important facts and principles which underlie a proper understanding and correct management of bowel and stomach complaints.

In the beginning let me say that this is a disease, or expression of disease of the alimentary tract. When we consider that over ninety per cent of all the diseases we are called upon

to treat depend either directly or indirectly upon disturbance of function in this canal we will the more readily realize the great importance of the subject at hand.

We know much, but alas! too little of the Physiology of this thorofare, and the most deplorable fact is that many of us don't know as much as we might or could know.

It is as important to know HOW to eat as it is to know what to eat, if not more so.

We should be familiar with all the digestive ferments or enzymes—, their properties, the condition the food must be in that the enzyme may act normally, and the approximate time required for each step in the digestive process to be completed.

This brings us to assimilation and nutrition. 'Tis here that the constructive metabolism begins. 'Tis here that wrong feeding manifests itself. Here is the beginning of "lowered vitality"—where "disease grows with our growth and strengthens with our strength," until we finally pass the scepter to decay and death. 'Tis here, too, that flows the fountain of perpetual youth,—to lave in whose waters would make us immune to decay, disease and death.

Not until we acquaint ourselves with these changes and the normal condition upon which these changes depend are we qualified to administer to a disordered digestion.

The first consideration in these diseases is as in surgery—CLEAN UP. Clear the tract of everything. Not for the purpose of making room for "dope," but to give the whole digestive system a REST. A rest from all ailments and medicines, too, unless urgently demanded to meet some alarming condition. A fast of forty-eight hours will cover a host of specific indications.

An absolute rest from all aliments is of prime importance and cannot be too forcibly emphasized or enforced.

I apply this rule to both acute and chronic diarrhoeas, though it is not of such great importance as in the acute condition.

The longer I practice medicine the more I become impressed with the vast significance of a complete fast in all diseases that depend in any way upon the bodily nutrition.

To meet the first indication I use castor oil in the small children and some saline in the larger ones. If there be any yellowish coating upon the tongue one-tenth or one-twentieth of a grain of podophyllin is also given once or twice daily. This remedy will relieve all engorgement of the liver—will occasion a free flow of bile.

The liver is the largest organ in the body; its functions are many and in the processes of general elaboration it is pre-emi-

nently the organ of organs. This being true, we should know all that is possible to know about its manifold offices and how to meet its disordered functions. And in the treatment of diarrhoeas we should assure ourselves of a free flow of normal bile, which, in my opinion, is the best intestinal antiseptic (?) we have today.

The next point I wish to bring to your notice is the care of the skin. In the more chronic forms we almost always find it sadly at fault. It is either dry and shiny or is yellow and doughy. You will never relieve your patient so long as this condition maintains.

I would admonish you to give the skin the same watchful care that you give to the stomach, liver and bowels.

I meet the above condition with a thorough daily bath accompanied with sufficient friction to flush it, then rub pure olive oil into it. The oil should be applied thoroughly from the nape of the neck to the soles of the feet. You will be surprised at the rapidity with which your little sufferer will improve under this treatment.

Gentlemen, I realize that I have scarcely glazed the high places, but I hope you will more fully survey the road I've endeavored to plan. I believe you will be led to higher plains of thought in rational medicine.

Eclecticism is applied COMMON SENSE. Let's have more of it.

BETTER DAYS FOR ECLECTICISM.

J. A. Munk, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society.)

During recent years there has been some reason for concern as to whether Eclecticism would endure, or was destined to die and disappear. General Apathy was in command and Eclectics everywhere seemed to be indifferent to their fate, either to win or lose. Little was said on the subject and less done to give the cause prosperity and a feeling of discouragement generally prevailed.

This condition of affairs in the Eclectic ranks was perhaps nothing unusual, or different from what might be expected, as every organization at some time in its history has its laggards—members who either lose interest in the good cause they once espoused, or experience a change of heart and desert to the enemy. Some are also disposed to be critical and find fault with everything, yet never do anything to improve conditions. They won't do anything themselves and don't want

anybody else to do anything. Others there are who, when they do not "damn with faint praise," are busy knocking actively with concealed but unmitigated cussedness.

It takes all kinds of people to make the world, but it is very unfortunate when members of the same family cannot agree or work together in harmony. There are some persons so perverse that they cannot see good in anything; but none are so blind as those who will not see. We always feel sorry when we have to lose a member, as we are not any too strong numerically and cannot spare a single one; but it is sometimes necessary to stop and call the roll in order to learn who are present for duty, as well as to find out who are absent or delinquent. It is far better to have only a handful of brave fighting soldiers to man the works than an army of cowards or traitors.

In the meantime allopathy was not idle, but even more active than usual in plotting schemes for unionizing medicine into a monstrous trust, that is manipulated by the American Medical Association and designed to either absorb or destroy all other schools of medicines or systems of healing. The old school has ever been intolerant, arrogant and domineering and always wants to dictate what others shall do. In its own estimation it is the only school of medicine that knows anything or has any right to exist. No school of medicine or any system of healing can ever hope to get any favors from allopathy, or even receive fair treatment. Its object is to rule the medical world and all who oppose its policies are damned in advance, no matter who they are or what they may do. By thorough organization, systematic work and one-sided legislation its selfish object was nearly accomplished, but the people finally awoke to realize their danger and united their efforts in a counter organization to resist this evil influence and defeat its selfish purpose.

Not any one of the Allies was strong enough to do this work alone, but by uniting with the people in a National League for Medical Freedom it is being done. This organization suddenly sprang into being to meet an emergency and is the David of the common people to smite the arrogant and impudent giant Goliath of the medical trust. The progress of this menace to liberty has been blocked by the League, at least for the time being, by the defeat of the Owen's bill in Congress to establish a National Bureau of Health. The bill is strictly a one-sided proposition, although it pretends to be impartial and is intended for the exclusive use and benefit of the allopaths. If it ever should become a law it will establish state medicine, which is

just as objectionable and abhorrent to American ideals as is state religion.

The National League for Medical Freedom is doing the very thing that every Eclectic wants done, namely to establish medical freedom in the land and to secure to every citizen the inalienable right to life, liberty and the pursuit of happiness. Every Eclectic physician should be a member of this society and any who are not yet members should join immediately. The important work which the League has already accomplished in its brief existence is only an earnest of what more it can and will do in the future in favor of freedom and against medical tyranny. Its successful opposition thus far to the activity of the medical trust should be taken as a favorable omen for better days ahead for Eclecticism and liberal medicine. Its existence gives encouragement that there is another chance for the United States to free itself from the clutches of medical thraldom; but should this effort fail, it would seem as if the last hope was gone.

In the wisdom of the fathers of Eclecticism they saw the necessity of medical reform and began an investigation of the indigenous, vegetable materia medica as a means of relief for the sick. That their choice was wisely made is fully demonstrated by the results. Remedies were discovered in the plant world that were found to be of great value and took the place of the harsh remedies then in vogue. One by one new remedies were added to the list, until now we have nearly two hundred reliable vegetable remedies that are being used daily with success in the practice of medicine. They cover almost every indication that is met in prescribing for the sick and is the quality which gives to the Eclectic physician his phenomenal success.

To two men, Professors John H. Scudder and John Uri Lloyd more than to any other, is credit due for the work of establishing Eclectic medicine on a scientific and permanent basis. Dr. Scudder gathered together the scattered facts of therapeutics which he and others discovered and moulded them into a compact and serviceable system and gave to science and the world the new doctrine of Specific Medication. This doctrine is one of the distinctive features of Eclecticism and its truth will endure while time lasts.

To the scientific knowledge and balanced ability of Professor Lloyd, is due an equal share of credit for evolving out of these plants the perfect and matchless products known in pharmacy as the Specific Medicines. Of what value to the doctor or patient is an inert and worthless drug? Only genuine and reliable drugs can produce certain and satisfactory results when administered and these desirable qualities are

always found in these goods. It may be possible to imitate them, but they cannot be duplicated. They are not only employed by all Eclectics, but because of their real merit, are used by physicians of every school of medicine. Because we have this certain method of prescribing by the rule of Specific Medication and have absolutely exact and reliable drugs to administer in Specific Medicines, we again find in these facts additional reasons for believing that there are better days for Eclecticism in the future than have been in the past.

All of the big universities are teaching little or no materia medica and their graduates in medicine are practically helpless in the presence of sickness. They are taught to depend on the new German synthetic remedies, coal tar derivatives, animal serums and antitoxins, all of which are only in the experimental stage and not yet proven. They know comparatively nothing of vegetable materia medica and therapeutics, and when they are called to the bedside of the sick feel their inefficiency and have to call on their Eclectic friends for advice and learn what they must do in any case of serious sickness. Fad chasing in medicine is being carried to such an extreme that it makes the medical profession seem ridiculous to the average citizen, and to belong to it is no longer a mark of honor. Such a condition, however, cannot always last and there is soon bound to be a reaction in favor of national medication and proper treatment of the sick. The warning has been given and a strong effort should be made for a change, that the existing undesirable conditions do not continue indefinitely.

As a result of a wide-spread feeling of dissatisfaction with prevailing conditions and in response to a popular demand for information on the curative virtues of plants, whose leaves we are taught are for the healing of the nations, the Government has opened laboratories for original research work in plant drug investigation, something that has never happened before, or was even thought to be necessary. That it was found necessary to take this step is significant in itself and means that the much-lauded work of the universities is inferior, and not what it pretends to be or should be; and is condemned by this early breeze of popular disfavor, that if not soon improved, will rapidly swell to a storm of disapproval. Practically all that has ever been done in the past in plant drug investigation was done by the Eclectic School of Medicine, and in which work it still leads; but it is proud to receive this endorsement of its efforts and glad to have the assistance of such a capable and distinguished ally. The essential thing that the physician needs to know is how to relieve and cure the sick. Such knowl-

edge the university fails to impart, but which is fully provided for in the Eclectic curriculum. The Eclectic College takes particular pains to give a thorough course in materia medica and therapeutics and qualifies its students as experienced and successful physicians. We give our students four straight years in materia medica, therapeutics and specific medication, which is none too much, as they need all of such knowledge that they can get. Diagnosis, materia medica and practice are all practical and essential subjects that every physician must know, to be successful in business, and we make it a point to impress this fact upon our students. Some of our schools even go so far as to grow their own crude material for making fresh and reliable tinctures for use in their clinics. This work gives the student an expert knowledge of remedies that he cannot acquire in any other manner and is an opportunity that he appreciates.

The recent campaign for the reorganization of Eclecticism is about completed and is another big step forward in the direction of better days for Eclecticism. Important changes have been made for progress and methods and regulations have been revised and adopted to meet the present needs. This action has touched and improved all of our societies—county, state and national. A new interest has been awakened and a renewed activity manifested by our members. The membership of our societies and attendance at our meetings have increased and fuller and better progress presented. The several state societies have been brought into closer fellowship and affiliation with the National Association and all are now working together in perfect accord. The officers of the various societies are wide-awake and progressive men and vie with one another in a friendly rivalry to excel, which conduct is admirable and just as it should be. Improvement is noticeable all along the line, with a promise of even better things yet to come in the future.

One of the best innovations made was the discontinuance of the old annual bound volume of proceedings and the starting of a new National Quarterly Journal in its stead. It is published four times during the year and is already a pronounced success. Each number contains a choice variety of original matter—addresses and papers delivered or read before the convention and able editorials discuss live topics that are of vital interest to the profession. Eclectic news is given from every part of the country, state, college, society and personal—which keeps the reader fully informed of all that is going on in the medical world.

What is yet needed to be more fully done in gathering up the aftermath of reorganization, is to get the name of every

true Eclectic physician on our roster and have him become an active member of the state and national societies. If there be an Eclectic graduate who has changed his faith and is no longer an Eclectic, either in name or sentiment, or has joined some other school, his name should be dropped from the roll. This act, however, should not be done hastily in any case, or until all the facts are ascertained, that no injustice be done to any brother. Probably only a very few such hopeless cases would be found if a diligent search were made among those who seem to be lost to the cause—the most of them merely standing aloof from indifference or, perchance, from excessive modesty. These should be discovered and encouraged and their mistake pointed out, in the hope that they might be persuaded to make a fresh start by joining their state societies. A physician without any convictions or affiliations in medicine is almost unthinkable and must be a pitiable specimen of humanity. Friendless and alone he would be a miserable creature and a fit companion to the man described in "A Man Without a Country." It is inconceivable how any physician who has once believed in and practiced Eclectic medicine could ever be anything else, as he already has the very best there is in medicine. But every profession has its incompetents and disappointments and Eclecticism is no exception to the rule.

From the foregoing statement of facts it will be seen that Eclectics have every reason to be satisfied with present conditions and to feel optimistic about the future. The one thing more that is necessary and essential to growth is to increase our number by sending more students to our medical colleges. The cry is for more men to occupy new places and fill vacancies. Our increase must come through the personal efforts of our own physicians, by them speaking to their young friends of the splendid opportunities for a successful career that is offered by Eclectic medicine and help them make the choice. If every man will stand at his post and do his whole duty our cause is bound to prosper.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

SCIENTIFIC DIAGNOSES—WRONG THREE TIMES OUT OF FOUR.

Recently we have had occasion to inquire into the methods of diagnoses as followed by the staff of that ancient and honorable institution known as the Massachusetts General Hospital. It appears that, in harmony with the general trend of allopathic thought, the several members of this staff pride themselves upon their ability as diagnosticians. Also that if a given case is somewhat unusual or obscure, a general consultation is held and all of the latest laboratory methods are employed to the end that the final diagnosis may be both scientific and accurate.

This goal having been reached, the case is of little further interest, unless it, perchance, should come to the autopsy table. The chief carver for said table is called Cabot, and he has quite a reputation as a pathologist. His particular duty is to read the record of the patient and then confirm the diagnosis by showing the required pathological conditions. Just here is where the whole matter becomes interesting, for he has rushed into print with the statement that in about 75 per cent of the cases the diagnosis was found to be wrong. Furthermore, as he is on most friendly terms with his colleagues, it hardly can be classed as an overstatement.

If this is the best showing that can be made by the Massa-

chusetts General Hospital Staff, what must be the percentage of error of the rank and file. Given a system of therapeutics based upon diagnosis and such a tremendous percentage of error in making a diagnosis, is it surprising that the allopaths say that medicine is of little use in the treatment of disease? It may be that they have too much science and not enough practice in their system.

EPIDEMIC HYSTERIA.

At the present writing this locality is suffering from an epidemic of hysteria caused by fear. That this fear is groundless has been proven repeatedly, but the hysteria remains unshaken. Both old and young, regardless of sex or condition of servitude, are affected. It would be ludicrous were it not so serious. The cause of the uproar is the presence of acute anterior poliomyelitis. We doctors have lost our heads and in turn communicated our alarm to the laity. For the moment we have forgotten that this disease has been in our midst for the past several years. Furthermore, we seem unable to comprehend that beyond a reasonable doubt, this disease will remain in our midst so long as we remain a large and populous community. In short, we have lost our mental equilibrium, and we are making an exhibition of ourselves which is little short of asininity. To the writer it seems time to call a halt. Let us recall a fact or two and see how absurdly ridiculous we are:

Infantile paralysis is one of our very oldest diseases, being referred to in the writings which antedate the medical profession. From that day to this it has been studied by interested thousands, but no one even suspected it to be contagious until quite recently. Were all of these trained observers blind, or have we just developed a superhuman vision? The health office says that it is contagious and has established a quarantine even more rigid than that for small-pox. This being an innovation, the people are entitled to be shown the necessity thereof. Let the health office make public the statistics of the cases which have been reported and therewith prove that the present epidemic is really contagious.

Again, in the Southern California Practitioner for August, the principal contribution is entitled "Acute Anterior Poliamyetitis." In this article are found twenty-one "case reports" of patients coming under the personal observation of the writer, who is acting for the City Health Department. A careful reading of this paper will show that in nine of these not a single sign or symptom is recorded which suggests even remotely this disease. Also in four others, the evidence offered is inconclusive. Is it possible that the diagnosis of this disease

is being made generally in this slip-shod manner? If so, what proportion of those cases reported and quarantined as infantile paralysis are in reality some other disease?

Again, our actions encourage the belief that this is an exceedingly fatal disease, and that nothing can be done. Whereas there are other diseases which have a higher mortality and which leave the child in a more crippled condition than does this one. For instance, scarlet fever! It has been the writer's experience that this disease responds readily to treatment, and that a paralysis of moderate deree is usually completely cured.

Having had a personal experience with a quarantine from the inside, we realize that it is a great hardship to those affected. This is a free country and presumably governed by and for the people. What is good for the whole people must be accepted by the individual. Nevertheless, he is entitled to have presented to him the proof that his personal sacrifices are for the good of all. Let us have this proof!

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, D. C., June 18, 19, 20, 21, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 7, 1912. Oran Newton, M. D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on August 6th at the College. There was an unusually large attendance and the meeting was of unusual interest.

In the absence of the President, Dr. O. C. Welbourn presided, and appointed Drs. Brown, Baird and Perce as a committee to draft a set of resolutions in memory of Dr. W. J. Lawrence, who passed away since our last meeting.

Dr. H. C. Smith read the paper of the evening, entitled,

"Our Fight for Existence." The discussion which followed was lead by Drs. Baird and Brown.

The next meeting will be September 3rd, at which time Dr. A. P. Baird will read a paper on "Acute Anterior Polio myelitis," the discussion to be led by Dr. Roath. It is desired that there be a full attendance and that each member be prepared to give an account of his experience during the epidemic which is present in our midst at this time.

Adjournment.

P. M. WELBOURN, See'y.

O. C. WELBOURN, Pres. pro tem.

REPORT OF THE SECRETARY OF THE TEXAS STATE ECLECTIC MEDICAL ASSOCIATION IN 29th ANNUAL CONVENTION ASSEMBLED.

Waco, Texas, May 15, 1912.

Immediately upon arrival home, after our last meeting, I prepared a short synopsis of the proceedings of our convention and sent a copy to each of the Eclectic Medical Journals for publication, one or more of which all of you have no doubt seen.

I have received a few letters from out-of-state Eclectics, asking for information about locations and our laws, all of which I have promptly and to the best of my ability answered. This suggests the thought, if any of you desiring to move or sell, would keep your secretary informed, he might be of more help to you, in either locating you or a buyer.

Four applications for membership have been received since our last convention; two, by direction of the Board of Directors, have had certificates of membership issued—Drs. Fred and Edith Harrison of Hagerman, Grason County, June 5, 1911, but the other two from Drs. W. M. and C. A. Copeland of Loraine, Mitchell County, were received so recently that they have been held for your action.

Our friend Sarah Phillips, now of Dallas, again asked for terms and blanks, but as she was again requested to pay in advance, nothing more has been heard from her except by letter to our National Treasurer, which he sent me for his information and our enlightenment, and all of which, with my reply, I wish to give you, so you can vote intelligently should her name ever again be presented for membership.

While thinking about voting it might be well to remind you that Gov. Colquett is up for re-election and Senator Looney is aspiring to be your next Attorney General and would love to have your influence and vote. They are opponents to Eclectics.

You have heard much the past year from the League for Medical Freedom and all of you have been urged to correspond with your Congressmen on the Owen bill.

No Eclectic wishes to be classed as non-progressive or opposed to anything to promote better health of the masses, but maybe some of you, as with your Secretary, have been in doubt what course was best to pursue, therefore your Secretary has not been active with the pen or $$$, and awaits your instructions.

With the presence of the national officers and other influential and well-informed M. D.'s we should get all the information needed for a thorough understanding of any national or state problem presenting, and devise ways and means to overcome same.

We have a record of 191 Eclectics in Texas, with not quite half as members of our State and National Associations, and while this gives us sixth rank numerically in the National, it is the hope of your officers to have Texas first in the per cent column.

We know you will appreciate the suggestion of our National Organizer, Dr. Sharp, for the meeting of the three states —Arkansas, Oklahoma and Texas—in the same week, and as planned and worked out by the officers of the said states.

It is a pleasure to again report that your Secretary has found in President Bettencourt and Treasurer Gates, willing and efficient workers for a good program and successful meeting.

I wish to apologize for the poor printing job of our programs. While I read and passed on the proof, I was not consulted on the makeup of the leaflet, and after once completed I did not deem it policy to reject the job, but I did insist on a cut of the price.

The financial books of your Secretary will show:

Expended.

1911

May 10th, Incidentals at the 28th Annual Convention	$ 1.45
June 1st, 1000 Letter Heads for Sec	4.00
June 1st, 500 Letter Heads for Treas	1.50
June 1st. 50 Stamps	1.00
June 14th, Expressage to Dr. Gates	.35
Oct. 17th, Stamps	.50
Nov. 4th, 500 Envelopes for Sec	3.00

1912.

Feb. 1st, Stamps	.50
Feb. 1st, 1000 Letter Heads & Envelopes	9.00
March 20th, Stamps	.50

March 28th, Stamps 5.00
March 29th, 300 Programs 6.00
May 1st, 100 Badges 14.00

Total $46.80

Receipts.

1911.

May 30th, Money Order from Treasurer ..... $ 1.50
June 7th, Initiation Fee Drs. Harrison 10.00

1912.

Jan. 31st, Dues from Dr. P. H. Mitchell 4.00
April 5th, Check from Treasurer Gates 25.00

Total $40.50

Balance due Secretary ..... $ 6.30

Fraternally,
H. H. BLANKMEYER, Secretary.

COLLEGE NOTES.

Herbert T. Cox.

Clarence Stammers spent the month of August at Selma with his parents, and incidentally took a sweat bath.

F. S. Kurpiers returned from his trip to Germany to visit his parents. He will be ready to return to college this fall.

John Sasso has been spending the vacation leisurely around town, disposing of his remaining stock of drugs, so that he may be able to devote his whole time to studies next year.

We received a card from Prof. Borbrick which announces the fact that if he only had his little New England cottage near Los Angeles and the College, it would be as near Heaven as he would ever want to get.

The summer school for preliminary education completed its work the latter part of July. There were quite a number in attendance and everyone did some hard studying. The boys all did good work under the guidance of Prof. Clayton, and we hope they will all pass their exams. the 1st of September and be ready to enter Medical College. The meanwhile the most of them are enjoying short vacations, and trying to hold on to that knowledge at the same time.

The Alumni Association is growing in numbers rapidly according to the reports of Prof. H. C. Smith. We hope that by the time the next annual meeting comes off that every graduate in the state will be a member, and also be taking an active interest in the College. Right now, Doctor, is the time to talk to that young man or friend of yours and persuade him that he

had better begin studying medicine at the C. E. M. C. this year, and not put it off any longer, because it will never be any easier. The Dean reports a good number of interested prospective students, and a great demand for catalogues. If you have no catalogue send for one today.

NEWS ITEMS.

Dr. J. A. Munk enjoyed a trip through Arizona during the month of August.

Dr. M. B. Bolton, San Pedro, has returned from a two weeks' vacation.

Dr. W. S. Gibson spent ten days in Ventura and vicinity, going by automobile.

Dr. O. C. Welbourn had a brief vacation, dividing his time between a mountain and beach resort.

Dr. H. V. Brown is spending week ends at his camp and in the fall will take a long vacation.

Dr. T. D. Hall has changed his street number to 707 Broadway, Oakland.

Dr. H. T. Webster has changed his address to 2826 Myrtle street, Oakland.

Dr. O. C. Darling, Riverside, has been a frequent visitor in the city during the past month.

Dr. W. P. Ferguson, Santa Ana, writes that "Dr. Liftchild's article was the best thing I ever read in any journal." The doctor spent two weeks deer hunting in Lake County during August. The doctor never misses his annual hunt.

Dr. J. E. Shearer has changed his address from Medford, Oregon, to Glendale, Arizona.

We are sorry to report that Dr. Q. A. R. Holton, Whittier, has been very ill for a number of weeks, but is now convalescent in Westlake Hospital following an operation for abscess of the kidney. Dr. Holton was very busy with certain college matters before his illness, but it is expected that he will soon be busy again.

Dr. H. Ford Scudder and family of Redlands are spending some weeks at Coronado.

Dr. E. R. Petskey and wife, Calexico, were in the city recently when the doctor accompanied a surgical patient to Westlake Hospital.

We are sorry that the list of questions asked at the recent medical examination were crowded out of this issue—but they will appear in the October number.

During the absence of Dean Munk, Dr. O. C. Welbourn has had the pleasure of attempting to answer the many questions of inquiring prospective students, and it has kept the

doctor so busy that the Dean's return is anxiously awaited. The prospects are certainly bright for the coming year in the college. Every year brings added numbers to our ranks—notwithstanding the increasing entrance requirements and the increase in the curriculum.

The Journal has knowledge of a splendid location in Southern California where the doctor died recently. The nearest doctor is eleven miles away and there would be a ponlation of about two thousand tributary, including the small town, which is quite a resort and very pleasantly situated at an elevation of 1300 feet.

Dr. H. C. Smith has recently purchased a Ford roadster.

Dr. Liftchild's article in our last issue has caused so many flattering comments that we dare not repeat them for fear of making the author conceited.

The following have sent in their renewals or subscriptions to the Journal: Drs. W. A. Dulaney, St. Charles, Va.; G. F. Gibbon, San Francisco; J. Q. Moxley, Lewiston, Idaho; M. Blanche Bolton, San Pedro; H. Vandre, San Francisco; B. E. Fullmer, Los Angeles; J. P. Martin, Reno, Nevada; A. J. Crance, Pasadena; W. A. Lavery, Sierra City; P. F. Bullington, Chico, T. D. Hall, Oakland; M. S. Aisbitt, Los Angeles; W. A. Wyman, Cheyenne, Wyo., and J. W. Cosford, Spokane, Washington.

READING NOTICES.

DO YOU BELIEVE THE WORD OF SEVERAL THOUSAND PHYSICIANS?

If several thousand doctors told you that in PASADYNE, a distinctive tincture of passiflora Incarnata, they had found a most efficient substitute for chloral and the bromides, and that they had given up these latter drugs, would you believe them? While several thousand doctors will never tell you this, yet they could if an opportunity ever presented itself, for it is a fact. Gradually, during the last thirty-eight years, physicians, who have investigated the merits of PASADYNE (Daniel's Concentrated Tincture of Passiflora Incarnata), have become users of it in preference to chloral and the bromides, for they have found it to possess just as much therapeutic activity as the drugs named and to be free from their dangerous after-effects. The possibility of habit-formation does not attach to the use of PASADYNE, nor is it depressing. It is the ideal sedative and soporific. A sample bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

HAY-FEVER HINTS.

We are now well into the season when the services of the

physician are urgently demanded by the victim of vasomotor rhinitis—a season dreaded not alone by the patient, but, not uncommonly, by his medical adviser as well. Particularly is this true of the latter if he has not kept abreast of the most modern ideas on the therapy of hay fever. In any event the disease is one that tries the patience and calls for the application of remedial agents that have been proved beyond peradventure.

In the treatment of hay fever the physician rarely has an opportunity for the application of preventive measures. His help is usually sought only after the attack has manifested itself—when the patient is suffering (acutely, in most cases) from the ravages of the disease. Effective treatment is then demanded—and promptly, too. Administration of the suprarenal substance in the form of its isolated active prineiple, Adrenalin, is undoubtedly the wise procedure at this juncture. One feels safe in saying this in view of the long and effective service which has been rendered by this agent in critical emergencies.

There are a number of forms in which Adrenalin is successfully used in the treatment of hay fever. Adrenalin Chloride Solution and Adrenalin Inhalant come naturally to mind in this connection. The substance is also incorporated in the several Anesthone preparations—in Anesthone Cream, Anesthone Inhalant, and Anesthone Tape, all worthy of confidence, and especially worthy of trial in cases in which for any reason the older Adrenalin products seem not to be indicated. The Adrenalin and Anesthone products, as is well known, perhaps, to most physicians, are manufactured by Parke, Davis & Co. An exposition of their uses in the malady in question, together with the technique of administration, is now appearing in the commercial pages of the leading medical publications. Practitioners are advised to consult these current announcements.

THE POWER TO RECUPERATE

resident in the tissues may be markedly augmented by Cord. Ext. Ol. Morrhuae Compound (Hagee), and with many physicians it is a routine practice to employ it for this purpose.

The usefulness of Cord. Ext. Ol. Morrhuae Comp. (Hagee) as a reconstructive lies in the nutritious elements contained, which when fed to impaired tissues build up and strengthen them. Each fluid ounce of the Cordial represents the extract obtainable from one-third fluid ounce of cod liver oil (the fatty portion being eliminated), 6 grains calcium hypophosphite, 3 grains sodium hypophosphite with glycerin and aromatics. It is free from grease and the taste of fish.

The California Eclectic Medical Journal

Vol. V. OCTOBER, 1912 No. 10

Original Contributions

PERSONAL EXPERIENCE WITH BOILS.

H. H. Blankmeyer, M.D., Aransas Pass, Texas.

(Read before the Texas Eclectic Medical Association.)

Back in the seventies our school teacher one day asked my sister, "Where is Herman?" "He is sick," came the reply. The next day Miss Morrow again asked sister the same question and received the same reply. The teacher then retorted: "Yes; that is what you said yesterday; but what ails Herman?" when back came the mischievous reply: "He's got boils and can't sit down."

That is my first recollection of boils on Herman. About twelve years later I had my first experience as representative to a grand lodge and living at a $3.00-day hotel at the expense of some one else. High living and ice water was too swift for Herman and I returned home a follower of Job, with a magnificent specimen over the Scaphoid bone of the left wrist. This necessitated a three-weeks' rest from manual labor, and while so enjoying(?) my enforced idleness, my mind and right hand were busy, and as a result of a correspondence with my preceptor and then a personal visit to consult over both the educational and financial requirements of a medical student, I matriculated for the honors of an M.D. Shall I exclaim with the song writer, "Blessed Be the Day and the effect of Boils?" If it is true that the human body renews itself about every seven years, it took Herman about four cycles to clean house. Then for ten years I was free of boils, until in 1902, when another important event in my life's history was written, when I moved to Texas and developed another crop of Job's comforters, which did not mature, though, till after I had my first experience with Rhus Poison, of which I told you a few years ago. Since then I have not been free of the pesky fellows till 1912.

No Specific Trait.—It may be well to impress upon you the fact that while I did not know either of my grand parents, I do know that neither of my parents or any of their children

ever had any specific disease; but all of my brothers and sisters, like myself, have been subject to boils. If any of us ever received any special treatment for them, as children, I do not remember it; but I do vividly remember I was often reminded that they were good for me and each one was worth $5.00. I can now realize where the $5.00 come in—if the boil is on the other fellow and I am his medical adviser.

It will not be my aim to quote you from Scudder, Thomas or Ellingwood, as neither of them quote Boils in their works on Therapeutics, which I take for granted implies that they consider boils as belonging to surgery, and every surgical authority consulted recommends the knife. Many patients will not consult the doctor for boils, on account of this known tendency of the too free use of the lance. So if you can gain a reputation for curing boils and such ailments without cutting, it will bring you a few extra dollars; and if you can abort them without the tedious and painful seven to ten days of development, it will bring you more dollars; and if you are the patient, and you can abort boils, the satisfaction is worth more than riches, especially if you have often received the friendly(?) advice, with a sneer, "Physician, heal thyself." I remember well Prof. Howe telling his class the location of a boil is never in just the right place, unless it is on the other fellow. If that other fellow is an M.D., the location is of much importance. With me, I got rather accustomed to having boils and for years accepted them as necessary evils, but I sure did desire them under the clothes and away from the gaze of my patients.

After three years of careless and indifferent treatment of myself and continued crops of boils. I decided they were not the insignificant ailments claimed, and not due notice in works on Therapeutics, so I resolved to give them more serious thought. I was successful, in so far as poulticing, lancing and healing, but what I wanted was **no more boils**, and if one did appear to abort it without the customary seven days of suffering and suppuration. In this I think I have been successful, and therefore this recitation of personal experiments on myself, of advice received from various sources. As I had a boil forming about every five days and many times two to twelve on my body at one time, I would experiment on each boil, or crop, differently; and if I thought I got good results from any certain treatment, for a while I would drop all others and use the one treatment till satisfied it was not what my system demanded, or did not shorten the time of cure. Anybody can cure boils, and so could I; but, as before stated, that was not what I was experimenting for. I wanted to abort and eradi-

eate future crops without the customary pain and suffering. You all know Hepar Sulphur is recommended as often for boils as Quinine is for chills. California Medical Journal, February, 1896 lauds Rhus where Hepar fails. Prof. Waterhouse in 1896 Gleaner, ties his faith to Echinacea; 1897 Eclectic Medical Journal says Raw Cranberry poultice will abort boils, if applied before too large. My classmate, El. Tiffany, in December, 1903, Eclectic Medical Journal, tells his personal experience and failure with Homeopath and Allopath physicians, and then complete and frequent cures by attending to the kidneys with Buchu.

A very readable article by W. K. Smith, in 1903 Eclectic Medical Journal, was frequently quoted in other periodicals. He aborted boils right now, or drew them to a head in two to twenty-four hours with Chloroform on a larded cloth. This burns like fire for a short time, then is followed by a pleasant relief, but as for aborting or drawing to a head better than any ordinary hot wet poultice, it failed for me in three trials. December, 1905, Medical World advises Aromatic Sulphuric Acid in 20-drop doses, three times a day, with a 40-years' success guarantee, and this treatment broke up a crop of boils so quickly for me that I cried Eureka! But after continuing the treatment three weeks for good measure, another crop appeared and I said ————? Next came a sure cure in September Medical World, 1911—Boracic Acid, Gr. xx three times a day, which seemed to act nicely, but failed to abort two following crops. Calcium Chloride in 1 grain doses to saturation was not indicated in my case, neither was Tr. Iodine, Echinacea, Veratrum or Thuja, locally or by sharpened stick, bored into the core. A reprint in May, 1910, Gleaner, by one Geo. T. Jackson, M.D., a professor of dermatology, was well written and seemed very plausible. This articles denies the constitutionality of boils, claiming they are positively local and due to irritation of the skin and needs no internal treatment. A crop of boils, according to his theory, is a result of the first one being improperly treated by the use of hot poultices and allowing some of the secretion to come in contact with the surrounding tissue. While his theory does not now appeal to me as correct, his local treatment (95 per cent Carbolic Acid bored into a small boil in its first stages or injected into a carbuncle) is the best I have used to kill the ones already formed. But this will not or has not in my hands, prevented more boils.

Prof. Howe also inclined to the belief that boils are local and advises poulticing until suppuration, and then free incisions; while internal remedies are merely tonics, and he adds that the people are prone to say "Boils are local manifestations

of systemic conditions, morbid in character." After much suffering and experimentation, I must confess to be one of the people, good Prof. Howe referred to, as I believe they are local manifestations of systemic conditions, morbid in character, appearing where the capillary circulation is weak, assisted by irritation. I do not believe a crop of boils is the result of pus from a lanced or poulticed boil, coming in contact with surrounding tissue. A person having his first boil, or crop of them, will find they are due to a wrong diet, disorganized stomach, liver or kidneys, aggravated by a cold, and if you will study his case, correct his diet and treat the affected orlance or carbolic acid only. It is mighty poor satisfaction to the fellow with the boil, if you turn it into a carbolic acid sluff, with its tedious, slow healing, and do not abort another crop.

A medical friend treated two large boils for me, by free incisions and liberal applications of carbolic acid, repeating the operation three days in succession. I hold no grudge, as I learned something by his heroic daily treatment; but after that I preferred my ideas, with my good wife as operator, although I have regretted I never had a chance to treat a carbuncle for him by his heroic method of making a painful sore, more painful and prolonging the suffering by three useless repetitions, when one thorough lancing and the free carbolic acid treatment will do the work. A doctor seldom sees a boil soon enough to abort it, but if it is on yourself or one whom you can influence to come to you as soon as it appears as a tiny pimple, a sharpened toothpick, dipped in 95 per cent carbolic acid and bored into the center of the pimple, will abort it; but do not make the mistake of wrapping the toothpick with absorbant cotton, as the wood carries enough acid and sometimes too much. But if you will learn to use just enough, you can abort the boil and have no acid sluff to heal. If it is a four to six days boil or carbuncle ALWAYS follow the acid treatment with liberal application of Alcohol.

TO PREVENT MORE BOILS is the desire of every doctor, and this can be accomplished quicker if you will forget you are treating boils, as you have often been advised by Specific Medicationist, but treat the patient and not the name of his complaint. Especially study his diet and generally you will find he is a regular consumer of sweets or may be eggs, potatoes or something else that should be eliminated from his bill of fare. Such was the case with myself. I never had a serious or protracted illness, but for years I have had a foul, coated tongue and swarthy skin, and you, who have seen me at our annual conventions, have seen, to my chagrin, evidences of

boils, many scars of which I will carry all my years. After trying all the remeddies and methods referred to in the foregoing pages, in Homeopathic, Allopathic and Eclectic doses, one night in January last I retired for a disturbed night's rest with boils and a disgusted mind for bed-fellows. I at last fell asleep, scheming what to try next, and in the morning awoke with a dream vividly impressed on my mind, that I should eliminate eggs from my diet. I had for years eaten one to three eggs daily. Also my sub-conscious mind, or whatever you wish to call it, had suggested to me that as the boils were always located in the skin, my capillary circulation was at fault and I should take a remedy to stimulate same, like Belladonna.

Nothing was to be lost by following the suggestion, which I did; and in a shorter time than might be credited I was free of the pesky fellows and have had none since, now almost five months. For three weeks after the dream I took Sp. Med. Belladonna every two to four hours, to its physiological effect, that characteristic dryness of mouth and throat. Then to this day I have taken one pill every night containing Belladonna, Aloes, Podophylin, Capsicum, a one-eighth grain, and Strychnine, 1-80 grain. Since taking this treatment I have had no boils to abort, but if I feel any suspicious itching of the skin or stinging like a bee sting, I reinforce the pill with two or three days' dosage of the Belladonna. So, in conclusion, I am sorry, for your sake, to report that having removed the fertile experimental field of operation, and having had no other boily patients, I have not had another opportunity to again try the treatment that I think cured me; but it is my intention to further experiment on myself by again eating eggs with and without taking the pill or Belladonna.

The patient in question, a white man, about sixty, was in the Mattie Hersee Hospital suffering from an attack of malaria. While the nurse was taking his temperature, the patient says, he momentarily fell asleep and swallowed the thermometer. The nurse was afraid to say anything about it, but at the end of thirty-six hours, very much to her delight, it was passed from the bowels, registering 104 degrees F.

CANCER—ITS MEDICAL TREATMENT.

A. S. Tuchler, M.D., San Francisco, Cal.

(Read before the State Eclectic Medical Society.)

I wish to call your attention and to awaken a restudy of a neglected subject which must be combatted on purely medicinal lines.

Thus far, surgery has met its Waterloo. Who of you have not seen the return of this monster after six months to a year following a surgical operation? And who of you have simply shaken your wise heads in a negative way when a case presents itself to you which is beyond the knife, and subsequently, and rather fortunately for the sufferer, is cured of his affliction, if not too far advanced, by one who knows how, without an operation!

The direct indications for the manifestations or various symptoms of this disease can be applied on its treatment as in any other diseased condition. Surgery will never eradicate this affliction from the body of the sufferer. Doctor W. G. Jefferson of Portland, Maine, in the Therapeutic Record for April, 1912, calls attention to Hahnemann's classification of disease into three manifestations, viz: Psycosis, Syphilis and Psora.

"There are similarities between syphilis and cancer and psycosis and cancer. Psycosis is recognized by warty formations. Many cancers, especially the superficial skin kind, appear first as indefinite warty formations, evidences of the constitutional psycosis. Then again, glands are enlarged as in syphilis, and, furthermore, the remedies recognized as curative in syphilis are often peculiarly indicated in the treatment of cancer." Doctor Jefferson merely mentions these facts "simply to make it additionally clear that in cancer we have to deal with a non-surgical condition."

About one hundred years ago the fathers of the Botanic School of Medicine considered cancer as a blood disease and cured it with their simple botanic remedies. Following these pioneers, the founders of Eclectic medicine, some sixty years ago, such as Newton, Beach, Hill, Paine, Buchanan and many others, successfully coped with this disease by their herbal remedies.

Why is it that this teaching has been neglected at the present time in our colleges? In the scurrying after false gods, this study has been lost sight of. All the early successful teachings and demonstrations of the pillars of Eclectic Medicine have been entirely overlooked by us. Should they of blessed memory be entirely forgotten? They would have been

had not that noble, distinguished, deep thinker and student, Dr. Eli G. Jones of Burlington, New Jersey, one of their disciples, proved to us since 1869, that what they wrote in their day still holds good today.

There are many others in this country studying along the same lines with remarkable success. They go about it in an unostentatious way. No need for resorting to any questionable methods nor promiscuously advertising. Your patients and their friends will do that for you and be glad to do it.

Nor was it in America alone that this study was successfully carried out. In England, Dr. John Skelton, in 1865, a pioneer Eclectic, instructed his students how to cure cancer. Dr. Burnett, a noted Homeopath, also contributed copiously to the literature of the subject in 1878. We do not wish to slight Hale and Hughes, those deep thinkers and intellectual giants, who contribute many valuable remedies in the cure of cancer.

In contradistinction to the above contemporaries, we note Dr. Thomas W. Cooke, a surgeon of the Cancer Hospital in London, England. He wrote "that from 1851 to 1863 there were 413 cases of cancer operated upon. The average time of a recurrence was only six and one-half months." Dr. Monroe of Scotland operated upon "sixty cases of cancer; at the end of two years only four proved successful." Sir James Poget, one of London's greatest physicians, said, in speaking of cancer, "The number of cases in which cancer does not return is not more than one in five hundred." The surgical records of those days still hold good at the present time.

It may be of interest to relate a few cases from my limited experience in the treatment of this disease along the lines as taught by Dr. Jones.

In 1907, a lady of 54 years of age wished relief from cancer of the stomach. She had been in a local hospital, ready for an operation some time previously, but owing to a sudden illness of her husband, postponed the operation until after his recovery. But for a while she felt somewhat better, until her appeal to me. She is a German lady of good family history. A hard, painful nodule at the cardiac end of the stomach caused her much pain. It prevented her from swallowing or retaining anything in her stomach. Even water would cause obstinate vomiting and severe cramps. Was compelled to resort to rectal feeding until that means had to be abandoned. For a month she was barely kept alive under the influence of opiates.

About this time an article on cancer of the stomach by Dr. JJones, in Ellingwood's Therapeutist, came to my attention. It was the means of saving her life.

To overcome the weakened vitality and enfeebled nerve power, which is pronounced in those suffering from cancer, she received strychnine sulphate in 1-30th grain doses three times a day, hypodermically. Tongue was broad, indented at the sides, red colored, with a slight white coating. Acetic acid 1 dilution, five drops were given every four hours. This remedy was also applied externally over the painful region, to be kept on constantly by having gauze moistened with it and covered with oiled silk and bandaged. Also Lloyd's white hydrastin in 20-drop doses, was given every four hours, the latter administered in alternation every two hours with the acid.

The lady made a perfect recovery and can eat almost anything at the present time.

Acetic acid is especially indicated when cancer cells invade the stomach or upper intestinal tract. So is hydrastis and many other drugs.

There are certain remedies that do have a curative effect on cancer, no matter where the disease is located. They must be studied for their selective application and if applied to their respective indications, success will follow if the case is not beyond the reach of help.

Dr. Jones says "that no remedy nor combination of remedies will cure all forms of cancer. Disease, as it appears in various parts of the body, has a different pathological structure. It folows from this that in order to be able to treat cancer successfully, we must be able to adapt our remedies to the location of the disease as we find it in different parts of the body. A remedy that would affect cancer of the liver would have no effect upon cancer of the breast nor the rectum, or vice versa. One that would have a curative effect upon cancer of the tongue would not have any upon cancer of the stomach.

However, as a general thing, a weakened vitality, low blood pressure and enfeebled nerve power, are always characteristic of this disease, irrespective of its locality; therefore this must be raised to or near the normal as possible before we can expect any result from the indicated remedies; and it also depends upon whether the system of our patient will respond to the action of our medication or not.

In 1908, a lady eighty years of age applied for X-ray treatment for relief from scirrhus cancer of the breast. She had refused an operation at the hands of her family physician.

Found a painful, hard nodule in her right breast, one and one-half inches above and to the right of the nipple, about the size of a large walnut; skin was not broken, but red and puckered; glands were enlarged in the axilia; family history good; always in perfect health. This had its origin from a bruise

some years before, but no attention was paid to it until it became painful. She complained of extreme weakness. The whites of her eyes had a pearly tint, glistening in appearance with greenish yellow spots; pulse weak, rapid and easily compressed; blood pressure low. These symptoms will always be found in cancer. Tongue broad and indented at the sides, reddish base with a dirty white coating; bowels constipated; no appetite; flatulancy and distress after eating.

The remedies used were strychnine sulphate, grain 1-30, four times a day; sodium sulphate (sp. m.) grain x several times a day until the indication for its use was corrected; three hepatic Eclectic tablets (A. A. Co.) before retiring, so as to keep the bowels in good condition. The main reliance was placed on sp. m. Phytolacca and sp. m. hydrastis, each in five drop doses, together every three hours, for its effect on the cancer. Yet she did not respond to these remedies as I wished to see. She always complained of the extreme weakness. She was therefore given, in addition to the other medication, thirty drops of nuclein solution (A. A. Co.) under the tongue, to be thus absorbed twice daily. The effect was all that could be wished for. The X-ray was also applied every other day for ten minutes at a time from a Cornell treatment tube held close to the skin but kept in motion in order to relieve the pain in the breast. The diameter of the active surface of the tube is three-fourths of an inch. She made a perfect recovery in three months. The breast was perfectly normal two years later, when an attack of pneumonia proved fatal in three days.

CHRISTIAN SCIENCE AND THE J.A.M.A.

H. C. Smith, M.D., Los Angeles.

We seem naturally attracted to our opposites, therefore, I have always entertained a lusty admiration for the strong-minded individual with a will of adamant, who, whenever he makes up his mind on a subject, is serenely confident that he is right and that all who disagree with him are either groping in the darkness of error, or are maliciously and hopelessly contrary. Like the Irish juror upon the jury which disagreed, when asked for a reason, laconically replied: "Eleven of the contrariest men I ever saw." Or, like the other one who "was willing to be convinced but would just like to see the color of the man's hair that could convince him."

Not being one of these, but, on the contrary, singularly, open-minded, and inclined to believe everything I ever read or heard, was (and still am) an enthusiastic eclectic. Being thrown, through force of circumstances into a course of study

in a regular medical college, I was (and still am) very appreciative of and enthusiastic over their good points.

Next carried, on the popular wave, into the study of Christian Science, and Mary Baker G. Eddy's Science of Health, with Key to the Scriptures, I was only saved from rampant enthusiasm by the fact that it was too deep for me—couldn't make head or tail of what she was driving at.

But that was before the "reformed" editor of the J.A.M.A. started his "Propaganda for Reform," of the other ignorant and unregenerate irregulars; since which "start" I readily see that I made a grievous error in not grasping the psychological points in Christian Science.

In the J.A.M.A., Aug. 31, 1912, page 735, is an article entitled:

"Viburnum Compound—and Other Nostrums," in answer to a query from a correspondent. The following are extracts from the answer: "No analysis of Hayden's Viburnum Compound has been made in the Association laboratory, according to advertising circulars the preparation contains American Scull cap (Scutellaria laterifolio), cramp bark (Viburnum Opulus) and wild yam (Dioscorea Villosa). Since these drugs contain no well-defined therapeutically active ingredients, an analysis of the preparation would necessarily be unsatisfactory. There are a number of drugs which have obtained a reputation as being valuable in the treatment of diseases of women, without their therapeutic claims ever having been proved. It is said that some were used by the aborigines for such affections and we find a considerable number of them combined in various nostrums (sometimes with therapeutically active drugs), and exploited for the cure of female disorders, under the most extravagant and usually absurd claims."

"Uterine Sedative Elixir" (Eli Lilly & Co.), cramp bark, golden seal, Jamaica dogwood and pulsatilla."

"Practically all of these drugs, (except golden seal) are ignored in the standard works on pharmacology. **Further, the results of a careful examination by the Council of Pharmacy and Chemistry of the therapeutic claims made for most of them shows that these claims are not sustained by reliable clinical experience.**" (Italics mine.)

Great Scotts of Cincinnati! And to think that some of us had had the nerve to flay the Christian Scientists, while all over these United States thousands of physicians have been administering the aforementioned pharaceuticals, or their individual ingredients, and giving them credit for the relief of female distress, when the whole thing was psychological, the results being

due to their faith in the nostrums, and the patient's faith in the combination of nostrum and doctor. What intelligent physician who has seen the rapid and marked relief from a few doses of Hayden's Viburnum Compound (for example), reading the above, can blame the public for rushing to Christian Science, any old science, or no science at all, rather than pay their hard-earned money to such men, and get little or nothing in return.

While I rarely use the proprietary mixtures mentioned in the article, preferring to mix necessary medicines to suit the individual cases, I have used them sufficiently to know that they will do what is claimed for them, and that each individual ingredient of either proprietary named is an active and valuable remedy. Moreover, there are thousands of physicians who have had the same experience.

As to the reliability of the Council on Pharmacy and Chemistry, their attitude is summed up in a nutshell in the remarks of Prof. H. H. Rusby in the Ref. Handbook of the Medical Sciences, in an article on one of the drugs mentioned in this screed of the Council's, i. e., **Pulsatilla.** He says: "The clinical investigation of Pulsatilla has been greatly neglected by physicians, apparently with little better reason than that it is a favorite medicine with homeopaths and eclectics.

That it possesses powerfully active properties is sufficiently proven by its action upon the skin and mucous membrane.

Dr. Rusby is professor of materia medica, etc., in the New York College of Pharmacy and the University and Bellevue Hospital Medical College, and is an authority.

The Council on Pharmacy and Chemistry of the A.M.A. lay great stress on the presence of "well-defined therapeutically active ingredients," having reference to chemical compounds of a toxic nature, existing in a drug, or produced by destructive chemical analysis of it—as necessary proof of a drug's efficacy as a remedial agent. I have never seen any explanation for the stand taken, any more than I have seen reasons given by them why piloearpine (C_{11} H_{16} N_2 O_2) should be directly antagonistic in action to jaborine (C_{22} H_{32} N_4 O_4), having the same elements in its composition, but in exactly twice the quantity. In other words, their laboratory analysis has not been of any value whatever, so far as determining the therapeutic uses of remedies; while clinically they are men of little or no experience, At the present time none of us is compelled to accept their reports in preference to the evidence of our senses, and the results of our own experience.

THE SAVING OF HUMAN LIFE.

M. F. Bettencourt, M.D., Mart, Texas.

The article in your September number, by Dr. E. P. Bailey, entitled "The Death Penalty a Relic of Medieval Barbarism," was read with much interest. Ours being the high calling of "saving human life," it is well that we make ourselves leaders in any movement that will tend toward that end.

The taking of a human being's life for any reason is morally wrong. Circumstances may make it excusable; but morally it can never be right. All our higher faculties tell us it is wrong; it is foreign to all of Christ's teachings; it is contrary to the commandment of God. The hangman does not find it pleasurable to execute the criminal even though he is upheld in his deed by the laws of man. Deep in his soul some unknown something tells him that in the eyes of God it is wrong; something repeats to him that when the final day comes he must face the Master, who gave him the command, "Thou shalt not kill" as a deliberate violator of his sacred command. The taking of life is an evil dating from the darkest ages, a relic of barbarism clinging upon the "civilized" nations of the Earth. Not until we shall have arisen above this custom of the barbarians and shall have ceased the murderous sacrifice of human life upon the gory altar of "Justice," shall we attain a real state of civilization.

For some years I have given this subject thought but have been unable to see wherein capital punishment or the taking of human life for any reason is morally just. One cannot but feel the greatest respect for the venireman who is rejected from jury service, in a trial in which life is at stake, because of "conscientious scruples." It is unfortunate that all men are not so possessed.

If we view the subject impartially and conscientiously, it becomes evident to us that there is one law above all other laws —the law of God. Man, in his wisdom, sees it necessary to break that law given us in the form of commands. Is it because the reasoning of the Supreme Judge was faulty, after all, or because the narrowness of man's vision prevents him from seeing some other route to justice? If God's commandments were given us to obey (and who doubts the fact?), would He, whom we attribute as All-wise, have commanded us to do the impossible or the unreasonable?

We may carry the thought farther. If it is wrong for me to kill and also wrong for you to kill (and it is), is it then not wrong for several of us, whether acting as a jury in a trial or even as an army in war, to take life? There were no provisions

or exemptions made in God's commandment, therefore is it presuming too much to believe that on the last great day some one will be held responsible by the Almighty for lives thus willfully taken?

The average individual when held in the firm grip of anger and by it urged to deeds of violence, becomes temporarily deprived of reason—momentarily insane—and an active agent for the Devil. When possessed by the passion he commits a deed for which he hurriedly repents when again his balanced self. Surely, he has done wrong. Unquestionably, we should employ active means to force such a character to exercise his will-power in the avoidance of evil. Without a doubt, we must enforce laws to restrain him and mete out to him appropriate punishment for his deeds of violence; but, however, even in the extreme case, is capital punishment the best means we can devise to make the wicked do right? Is the dying of an instantaneous death a more severe punishment than the living of a long life of remorse and prolonged mental torture? Wherein does the soul rejoice and in what does mankind profit by the murdering of a fellow being? Remorse will bring about repentance, and repentance, we are assured, is salvation to the wayward soul. It is the living that repent; the unrepented dead are deprived of that blessing. Punish him that deserves punishment, but because of God's command, because of a desire to do right and for the sake of the self that abides within, let mankind live.

THE TAKING OF LIFE.

Whene'er o'er reas'n, through Devil's plan,
  Vile anger gains a moment's rule,
A serf is made of will of man
  And at soul's price he's Satan's tool.
Before he knows whose realm he's in,
  A life he takes as if 'twere naught;
Then, waking, sees hope flee from sin
  And views the change a moment's wrought.

O, self-control, where your retreat!—
  You, reins of anger, where; O, where!—
While conscience strangled by defeat
  Must view the havoc sin would dare?
'Twas wrong to kill; 'tis now too late,
  Blind Justice clamors for her turn;
Upon her scales is laid his fate—
  Through judge, the jury's view we learn.

"Twas murder!" Murder! Murder! Murder!
Hear the echo how it rings!
"Decree of death 'pon who thus err!"
Thus, jury's will his life's end brings.
O, Justice, Justice! Who made you
That are above God's own will?
Or else, to judge and jury too
What mean the words, "Thou shalt not kill?"

Not punish crime? Ah, yes! With might!
But ev' as viewed through God's own eye.
Through deaths unnumbered, LIVE one might,
But only one is his to die!
This life is holy—of our Lord—
It is not mine nor yours to take;
To Him, who spun the "silver cord,"
Alone, the right its length to break.

The workers for "International Peace and the Abolition of War" by means of arbitration, are laboring in the right direction. Let us, whose mission it is "to save life," lend an active hand in pushing foward the noble work.

CALIFORNIA STATE BOARD EXAMINATION, SAN FRANCISCO, AUGUST 6, 7, 8, 9, 1912.

HISTOLOGY.

(Answer Ten Questions Only)

1. (a) Name three cutaneous glandular structures.

(b) Describe the histological structure of one of them. Make drawing.

2. Describe a transverse section made through the lower half of the oesophagus and tell how you would be able to distinguish between it and one from the cardiac end of the stomach. Make drawings.

3. What microscopic features would enable you to distinguish a section through lung tissue from one through omental tissue? Make drawings.

4. What microscopic features would enable you to distinguish a smear of normal blood from one made from red bone marrow, both stained by Wright's method? Make drawings.

5. Tell how you would be able to distinguish a section from the thyroid gland from one from the prostate gland of an old man. Make drawings.

6. Describe minutely how a transverse section of a normal human appendix would differ from a like section through the doudenum of a rabbit. Illustrate with drawings.

7. Name the encapsulated nerve endings and describe four of them. Illustrate with drawings.

8. Name the varieties of cartilage, describe each, and name locations where an example of each is found.

9. (a) Describe a cell characteristic of the cerebellum.
(b) Describe a cell characteristic of the cerebrum.
(c) Describe a cell charateristic of the ganglion on the posterior roots of the spinal nerve.
(d) Describe a cell characteristic of the retina.

10. Describe a striated muscle cell. Make drawing.

11. What characteristics would enable you to distinguish a cerebro-spinal nerve fibre from a sympathetic nerve fibre. Make drawings.

12. What microscopic characteristic features would enable you to distinguish a section of the kidney from one from the liver. Make drawings.

PHYSIOLOGY.

(Answer Ten Questions Only)

1. Describe the function of ciliated epithelium and give five locations where such epithelium is found.

2. What are the functions of the columns of Goll and Burdoch in the spinal cord?

3. Describe the action of the muscles of the iris, giving course of their innervation.

4. What is the function of the Eustachian tube?

5. What are the physiological factors which make blood transmission dangerous?

6. Does general blood pressure increase or decrease after a full meal? Give reasons for your answer.

7. How are heart rate and blood-pressure proportioned? What is the mechanism whereby this is accomplished?

8. To what general structures are (a) vaso-constrictor fibres distributed? (b) vaso-dilator?

9. What is the nature of the process of interchange of gases through the alveolar membrane of the lungs?

10. Describe the secretion of the small intestine (succus Entericus).

11. What is the function of the convoluted tubules of the kidneys?

12. What are the general functions of fats?

OBSTETRICS.

(Answer Ten Questions Only)

1. In breach presentation, occiput anterior, in what position would you place body of child in application of forceps to aftercoming head?

2. What do you understand by hyperemesis and what are the dangers?

3. In head presentation, occiput anterior but with extreme extension of chin so that face is presenting, mention three conditions, one of which must be present for successful delivery?

4. Give the number and names of the vertex presentations.

5. How would you make a diagnosis of the position of R. O. P.?

6. How would you make diagnosis of transverse position? Give management.

7. Describe placenta previa, giving symptoms and management.

8. Describe a pudendal hematoma. Differentiate between this and (a) adenomata, (b) abscess, and give the usual obstetric cause.

9. What are the dangers of breech presentation and what measures would you take to overcome them?

10. How would you make a diagnosis between extra uterine pregnancy and ovarian cyst?

11. Describe a successful method of preparing obstetric cases in private homes.

12. Discuss the matter of pregnancy occurring in fibroid uterus. Under what circumstances would you operate?

GYNECOLOGY.

(Answer Ten Questions Only)

1. Name and describe the ligaments of the uterus.

2. Name the varieties of ulcer occurring upon the external genitals and differentiate any two of them.

3. Define (a) Colpocele, (b) Cystocele, (c) Caruncle, (d) Tenaculum, (e) Menorrhagia.

4. Give differential diagnosis of abscess of the vulvo vaginal gland.

5. Give the symptoms of chronic infected endometritis.

6. Discuss the pathology of Retrodisplacement of the uterus.

7. Discuss the diagnosis of Retrodisplacement of the uterus.

8. Describe the gross and microscopical appearance of a fibro myoma of the uterus.

9. Give differential diagnosis between uterine fibro myoma and pregnancy.

10. Upon what would you base a diagnosis of carcinoma of the cervix uteri?

11. Give differential diagnosis of ectopic generation shortly after rupture has occurred.

12. Classify tumors of the ovary.

BACTERIOLOGY.

(Answer Ten Questions Only)

1. How do Plague bacilli enter the human body? Give two common methods.

2. How would you distinguish between Treponema Pallidum and other Spirilla?

3. How do the Trichina Spiralis get into the striated muscles? Why are they not found in the other tissues?

4. Name the pathogenic organisms which may be found in catheterized urine.

5. What is a Bacterial Vaccine? How is it made?

6. Name five bacteria which may cause Acute Primary Pneumonia.

7. How does the body actively repel the invasion of pathogenic bacteria?

8. Name five germs which may be found in Abscesses.

9. In acute arthritis of the knee how would you proceed to determine the cause? Give detail.

10. Name the pathogenic organisms which may be found in the blood.

11. Explain in detail how you would make a laboratory diagnosis of a suspected case of Tertian Malaria.

12. What organism is usually found in the throat in Scarlet Fever, what causes Sleeping sickness, Ringworm, Uncinariasis, Vincent's Angina?

HYGIENE.

(Answer Ten Questions Only)

1. What disease probably causes the most sterility in women? How?

2. What do we understand by the term "Typhoid Carrier?"

3. What is the cause of pneumonia, and what are the most important steps in its prophylaxis?

4. What diseases are causing the great mortality of the negro in America? Give some general hygienic suggestions for checking their ravages.

5. What great hygienic advance has been made in recent years in the construction of the school room? Give your idea, in a few words of a model school room.

6. For what great achievement toward the preservation of human life are each of the following men noted? Edward Jenner, Joseph Lister, Louis Pasteur and Robert Koch?

7. What steps should be taken by the Health Department of a municipality to control an epidemic of poliomyelitis?

8. Upon what conditions and temperaments does an arid climate at an altitude of 5000 feet or more usually act unfavorably? Whom would you advise to avoid a moist coast climate?

9. What are the most active steps now being made for the prevention of bubonic plague in America?

10. What is the theory of the prolongation of life by taking lactic acid in the form of buttermilk?

11. What condition of mind is most favorable to digestion? What advice would you give to a family in order to encourage this condition?

12. What should the health authorities of California do in order to be prepared for the opening of the Panama Canal?

PATHOLOGY.

(Answer Ten Questions Only)

1. After death from chronic arsenical poisoning describe the pathologic changes likely to be found.

2. Describe fully the relationship between Diabetes Mellitis and the liability to gangrene and the slow and difficult repair of wounds and injuries.

3. Give the pathology of Auricular Fibrillation or Heart block and what organic changes are likely to be found on autopsy.

4. Give the pathology of Tabes Dorsalis and draw a diagram of a section of the spinal cord in the dorsal region as you would be likely to find it in an advanced stage of the disease.

5. Describe the kidney as you would be likely to find it in a case of Chronic Nephritis in an old man who had been an excessive user of alcohol.

6. On microscopic examination what characteristic would cause you to decide whether a morbid growth was malignant or benign?

7. What is meant by infarct and where and under what circumstances are they most likely to occur?

8. Give the pathology of Herpes Zoster.

9. Describe fully why chronic Suppurative inflammation of the middle ear may easily become an alarming and often fatal disease and when this occurs what is usually the direct cause of death.

10. Describe the brain as you would be likely to find it after death from Senile Dementia.

11. Describe the pathologic changes you would find in the eye in an advanced stage of glaucoma.

12. Describe the condition on autopsy likely to be found in quickly fatal cases of Icterus Neonatorum.

GENERAL DIAGNOSIS.

(Answer Ten Questions Only)

Do not give pathology unless necessary for diagnosis.

1. Give causes of pain in left iliac region and differentiate two of the conditions enumerated.

2. Give symptoms and signs of acute anterior Poliomyelitis.

3. Differentiate an epileptic from a uremic convulsion.

4. Describe symptoms, course and complications of Pertussis.

5. Give the causes of jaundice in the adult.

6. Draw a diagram of the anterior chest wall and indicate thereon the position of the heart and the point at which the sounds made by each heart valve are best heard.

7. Give the symptoms and signs of simple glaucoma.

8. Describe a Syringo Myelia involving the posterior gray matter in the region of the central canal.

9. Give the differential diagnosis of cancer of the liver.

10. Differentiate Pyelonephritis from cystitis.

11. Give the cardinal points in the diagnosis and prognosis of Diabetes Mellitus.

12. Give the clinical and microscopical diagnosis of aestivo autumnal malaria.

CHEMISTRY AND TOXICOLOGY.

(Answer Ten Questions Only)

1. Describe the preparation of oxygen from potassium chlorate.

2. Name the compounds of silver which are insoluble in water.

3. Give the equation for the preparation of iodine from potassium iodide.

4. What is the action of water on salts of bismuth?

5. How is lactic acid made?

6. How are tannic and gallic acid distinguished from each other?

7. Describe in detail the process of extracting lactose from milk.

8. What happens when ethyl nitrate is boiled with caustic soda? Give the equation.

9. Give the chemical changes which take place in bread-making.

10. Show how alcohols are derived from water; how organic acids are derived from carbonic acid.

11. Name the poisons which may produce a measles-like eruption.

12. Mention at least ten important things to observe in making a post-mortem examination in a case of suspected poisoning.

ANATOMY.

(Answer Ten Questions Only)

1. Describe the arterial, venous, and lymphatic circulation of the smal intestine.

2. Name the nerves and muscles involved in the following: (a) flexion of the thigh on the abdomen, (b) flexion of the foot on the leg, (c) flexion of the hand on the forearm.

3. Give the origin, course and distribution of the obturator nerve.

4. Give the surface markings of the liver, (a) area of absolute liver dullness.

5. Describe the origin, course and termination of the basilar artery.

6. Describe the origin, course and distribution of the 7th cranial nerve.

7. Give the boundaries and contents of Scarpa's Triangle.

8. Give the topography of the spleen on the abdomen, (b) pancreas.

9. Describe the membrana tympani giving its blood and nerve supply.

10. What vessels establish the collateral circulation after ligature of the third portion of the subclavian artery?

11. Describe the relationship between the tibia and fibula, bringing out the general characteristics of each.

12. Describe the pelvis axis (b) give the nerve supply of the sacro iliac joint.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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OUR BUBONIC PLAGUE.

Recently we were asked about the present status of the bubonic plague in California; therefore this homily.

Some twelve years ago two or three cases were located in San Francisco. Immediately the scare was on, and it is still on in the minds of some, so fas as that is concerned, notwithstanding there has not been reported even a suspected case for more than a decade. Every few weeks there is an article going through the daily press which purports to show what California is doing to obliterate the bubonic plague, with the inference that still more money is required to kill the ground squirrels. For be it known that a large percentage of ground squirrels have bubonic pleague and that they are just aching to give it to human beings. Therefore by all means kill the ground squirrels. It does not need a very brave man to kill a ground squirrel when necessary to protect his own fireside. Even a boy might do it. In fact, boys are the chief avengers and the scalps of the enemy are sold to the state by the thousand every month. To be sure it is dangerous work, and the reward is only fair, but our boys are brave boys. For, if a squirrel infected with bubonic plague is a menace to the entire state, it surely requires courage to carry his carcass around in one's hip pocket. Such conduct is a little careless, perhaps, but as we said, they are brave boys and we are proud of them. Besides they need the

money to buy baseballs, etc. Someone suggested that a percentage of this fund be set aside to erect a monument in honor of the fallen heroes. However, the project never matured, because these heroes are all alive. For strange as it may seem, the people of California have been thus intimately and constantly exposed for more than a decade, to ground squirrels said to have bubonic plague, and not one single person has taken the disease.

The logical conclusion is that whether or not the ground squirrels have bubonic plague is quite immaterial, for it is not communicated to human beings. The people of California have suffered from this stupidity and ten years is enough of it. If the farmers need a bounty to encourage them to kill these pests, well and good; but let us get rid of this nonsense about the danger of our contracting bubonic plague from the squirrels.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on September 3rd, at 8:30 p. m., at the college.

In the absence of the President, Dr. H. C. Smith acted as chairman.

Minutes of the previous meeting were read and approved.

The Committee on Resolutions reported and Dr. Baird read the resolutions in memory of Dr. W. J. Lawrence. These were adopted and ordered spread upon the minutes of the Society.

The evening was devoted to a discussion of Acute Anterior Polisneyelitis, in which all those present participated.

The next meeting will be held on October 1st, at the usual hour and place.

Adjournment.

P. M. WELBOURN, Sec'y.

H. C. SMITH, Pres. Pro tem.

RESOLUTIONS.

Whereas, in the wisdom of an all-wise Providence, it pleased Almighty God, the loving Heavenly Father, to remove from our midst our honorary member, W. J. Lawrence,

Be it resolved, That we, the members of the Los Angeles County Medical Society, most sincerely deplore the loss the Society has sustained in the death of so loyal a member; the profession an intelligent, educated, conscientious practitioner; the world a wise, kind, Christian gentleman, and the family a most indulgent, faithful, loving husband, father, son and brother.

And be it further resolved, That these resolutions be spread on the minutes of the Society and read at the next meeting and published in the California Eclectic Medical Journal.

And further, that a copy be sent to the bereaved widow with whom we most sincerely condone in her affliction.

Signed in behalf of the Society:

A. P. BAIRD,
H. V. BROWN,
L. A. PERCE,
Special Committee.

NEWS ITEMS.

Dr. John Fearn, Oakland, who has been ill, has gone to the Santa Cruz mountains to recuperate.

Dr. Q. A. R. Holton, Whittier, has left the Westlake Hospital and is convalescent at home.

Dr. T. Spaulding, of this city, recently from Terre Haute, Indiana, has been very ill in the Westlake Hospital.

Dr. B. E. Fullmer is enjoying a vacation in the East and in the meantime Mrs. Fullmer has been a patient in the Westlake Hospital for a few days.

Dr. E. R. Harvey, Long Beach, has gone East for a few weeks' post graduate work in Rochester, Minn., and Chicago. The trip was made over the Canadian Pacific railroad, and the Doctor was accompanied by his wife and son.

Mrs. Edith Roussell, of Belmont, Cal., and Mrs. Viola Roussell, of San Francisco, Cal., daughters of Dr. Vandre, are not only sisters, but sisters-in-law as well, having married brothers, are seeing Los Angeles and Southern California.

Dr. Emmet Cook, a surgeon of St. Joseph, Mo., is visiting friends in Los Angeles. He is pleased with the business and appearance of the city and thinks some of moving here.

Mrs. J. C. Bainbridge and daughter of Santa Barbara, who have been in the city a number of weeks, have returned to their home.

The Westlake Hospital has two residences which it wishes to sell and have removed in order to make way for the new building.

A correspondent writes: "I have something to offer to a reliable druggist who would like something in a mountain town—either a strictly reliable man or woman, an elderly one preferred."

Dr. J. Liftchild, Ukiah, sends word to the "Southern Bunch" that he is coming on a visit to get better acquainted. We shall be pleased to see the Doctor.

Dr. L. B. Weatherbee has changed his address in Oakland to College avenue at Claremont.

We have received renewals of subscriptions from the following since last month: Drs. J. Liftchild, Ukiah; L. B. Weatherbee, Oakland; F. A. Greene, New York; E. F. West, San Francisco; E. R. Petskey, Calexico; F. M. Planck, Kansas City, Mo.; G. W. Harvey, Big Pine; A. S. Tuchler, San Francisco; J. G. Tomkins, Oakland, and L. A. Perce, Long Beach.

Dr. E. R. Petskey, was a recent visitor in the city, bringing a surgical case to the Westlake Hospital from Mexicali, Mexico.

Dr. H. F. Scudder, Redlands, was in the city on September 16th, attending the opening of the California Eclectic Medical College.

The Southern California Branch of the League for Medical Freedom has decided to disband, considering their work finished—and has sent notices to all their members to that effect.

Dr. O. C. Darling, Riverside, was in the city recently. The Doctor has added another member to his proteges among the Westlake Hospital nurses.

WESTLAKE HOSPITAL ALUMNI NOTES.

Miss Agnes Vaughan and Miss Edith Kroeck spent a pleasant vacation in the mountains.

Miss Margaret Hanson has accepted a position in a hospital in Bakersfield, Cal.

Miss Faye Booze, Long Beach, has gone to Ohio to visit her relatives for six weeks.

Miss Anna Meuser has returned from a seven-weeks' stay at the beach, where she took care of a case of infantile paralysis.

READING NOTICES.

In children convalescing from acute infectious diseases, whooping-cough, bronchitis and similar affections, Cord. Ext. Ol. Morrhuae Comp. (Hagee) is always indicated; nor is it necessary to dwell upon the fact that in scrofulosis, rickets and other diseases of malnutrition, there is nothing better than Cord. Ext. Ol. Morrhuae Comp. (Hagee), and it has always been relied upon in tuberculosis. On account of its palatability, patients will take it in quantities, and long enough to secure results.

The Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, are to be congratulated on securing the services of Mr. Harold B. Scott as Manager of the Company, to succeed J. C. Bradley, who is retiring from that position.

Mr. Scott is a bright, energetic young man, a graduate of Yale University with the degree of A.B. Upon his graduation from college he entered the commercial world where he has enjoyed a wide, varied and successful experience in developing one of the great industries of our country. He is peculiarly well fitted for the management of a proprietary house, and his connection with Antiphlogistine will doubtless lead The Denver Chemical Mfg. Co. to spell success with larger letters than ever before.

CELL NUTRITION.

All classes of cells are made to live and perform their several functions by the phenomena of cell nutrition; and whenever mal-nutrition, intoxication, or other causes, impair the special function of cells, they do so by producing some intrinsic metabolic defect. Agents which will directly or indirectly repair metabolic defects are true cell tonics. A very large experience and a close and careful clinical study of all pathological conditions show conclusively that Bovinine is an ideal cell tonic and food. It stimulates the cells to healthy proliferation. It tones the newly born cell, giving it a full and normal power of absorbing, and immediately meets this demand by supplying a full and complete nutrition.

THE CONTROL OF PAIN.

The work of the conscientious physician is many sided and diverse, but no part or detail of his manifold duties is ever more obligatory or imperative than the control of pain. In the presence of physical suffering any other consideration than its prompt and positive relief, with rare exception, becomes of sec-

ondary importance. But insistent and pronounced as the physician's duty always is to control and assuage the pains to which human flesh is subject, it should ever be his aim to accomplish this noble purpose in the best, as well as in the quickest possible way. Otherwise, with regard only for a patient's comfort, it is extremely liable that the agencies of relief will be attended by consequences serious in the extreme and not infrequently more harmful in effect than the original pain itself.

The foregoing has particular significance for the cautious physician, inasmuch as he has in Papine a pain-relieving measure that enables him to control pain promptly and effectively, with the least possible untoward action. Representing as it does all the anodyne properties of the most potent opiate, but with the usual objectionable features reduced to a minimum, Papine is undoubtedly the most efficient analgesic at the command of the profession. Compared with the useful opiate, Papine will be found much more free from those disagreeable effects ordinarily considered inseparable from preparations of opium, such as constipation, nausea, gastro-intestinal derangement, and tendencies toward habit formation. Thus it can be employed in a wide variety of conditions with confidence, not alone in its anodyne and sedative action, but equally in its avoidance of disagreeable or unpleasant by-effects. In brief, Papine is the ideal preparation of opium, presenting all the advantages of this well-nigh indispensable drug with its nauseating, constipating and habit-forming tendencies reduced to a minimum. Innumerable physicians use it to the exclusion of all other opiates, since it enables them to secure all of the well known benefits of the most potent opium derivative—with gratifying freedom from the usual disadvantages.

A SAFE AND EFFICIENT SLEEP PRODUCER.

Considered from the view-point of therapeutic efficiency, safety, and freedom from evil effects, in PASADYNE the profession has its most reliable sleep-producing agent. PASADYNE is the distinctive name of Daniel's Concentrated Tincture of Passiflora Incarnata, which has been used extensively by physicians for a third of a century. Its advantages over chloral and the bromides are: Superiority of action, freedom from gastric disturbance, absence of habit formations, and safety. The physician who has used the several agents named and compared their advantages, will not hesitate to continue to use PASADYNE in preference to chloral and the bromides.

In the practices of thousands of physicians PASADYNE has supplanted all other drugs in producing sleep, on account of its demonstrated superiority. The sleep it brings about is

calm and restful; the patient awakens as refreshed as from natural sleep. A sample bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta.

HIGH-POTENCY ANTITOXIN.

A noticeable preference for concentrated anti-diphtheric serum (globulin), as compared with the older or "regular" form of diphtheria antitoxin, has manifested itself among the medical fraternity. "High potency, small bulk," appears to be the order of the day. A good index to the tendency in this direction may be found in the offerings of the manufacturers, who, as a matter of course, are promptly responsive to each new demand of the profession. For confirmation of the belief that the concentrated product is now in the ascendancy, one has but to turn to the announcement of Parke, Davis & Co. in the current number of this journal, "Antitoxin that Justifies Your Confidence." Here one finds prominently featured the concentrated antidiphtheric serum (or globulin). It is interesting to note in this connection that a wider range of dosage than formerly is now offered—from 500 to 10,000 antitoxic units—the larger doses, of course, being provided for severe, late or other exceptional cases. And herein, at least, is one undisputed point in favor of the concentrated antitoxin; when a large dose is needed, it can be administered in this form without difficulty and with little danger of disturbance, owing to the comparative smallness of its bulk.

Some physicians, it may be noted, are under a misapprehension as to the nature of the concentrated antidiphtheric serum (globulin), assuming that it is widely different from the product which they have known for years as antidiphtheric serum. The idea is wholly erroneous. Concentrated antidiphtheric serum (globulin) is the regular product, precipitated and purified, from which most of the serum constituents have been eliminated except those bearing the antitoxin. It is in no sense inferior to the original serum—on the contrary, as previously noted, it possesses the advantage of lesser bulk.

The California Eclectic Medical Journal

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Original Contributions

PERI-RECTAL ABSCESS.

M. E. Eastman, M.D., Santa Barbara, Cal.

(Read before the California State Eclectic Society.)

I am prompted to give this subject narration, not because the disease is a rare one, but owing to the condition being as it were masked for several years. Rectal abscess is probably one of the most frequent with which the physician has to deal, and owing to this being the case the subject deserves more than cursory reading and study. Most of the fistula in ano with which we have to deal are merely the sequel of a pre-existing rectal abscess.

The etiology is generally traceable to traumatism or infection. The case in question presents the following history: Patient is a graduate woman nurse, age 28, medium height, blue eyes, light brown hair, well proportioned physically, and weighs about 135 pounds. One of a large family of children, of which all are living except three, who died from the effects of septic poisoning following wounds. The patient was operated upon in November of 1911, at the St. Luke's Hospital of San Francisco, for appendicitis. Owing to the abdominal disturbances which had existed for several days at a time extending over several years, an exploratory incision was made over the stomach and gall duct. The appendix was removed, but disease was found in neither the stomach nor liver. However, the colon was found to be enveloped in most of its length with a membrane. This was removed; the incisions closed.

Recovery was uninterrupted. Patient was out of bed in three weeks and in four weeks left for her home at Alturas, California. In making a change of trains at Doyle it became necessary to remain over night. Owing to the severe cold weather, and the weakened physical condition of the patient the exposure and exertion proved too strenuous for her and she was barely able to board the train the following morning, owing to a severe pain in the left ovarian region. After arriving home the patient remained up and around for about a

week; the pain continuing with variable degrees of intensity, until she finally was obliged to remain in bed.

When called in to see the case I found a temperature of 102, and a pulse rate of 120. Tongue heavily coated, bowels constipated, urine scanty, abdomen tender, sensitive to the touch and tympanitic. Complaint of severe pain in the left ovarian region, but abdomen so tender that no deep pressure could be made. Prescribed analgesics to be administered every two hours during the night and frequently repeated hot turpentine stupes to the abdomen. Also a thorough flushing of the colon.

The following morning patient was resting comfortably and I was enabled to make a very satisfactory examination. The result was a small, doughy mass, tender to the touch, and about the size of a tangerine, in the left Iliac region. Through questioning I learned that four years previously an operation had been performed, removing the tubes and right ovary, thus leaving a left ovary to be considered in making a diagnosis. Before I had fully determined upon what was causing the disturbance I learned from the surgeon who had performed the two operations that both ovaries had been removed, and that at the time a small tumefaction was found deep in the left Iliac region. This knowledge simplified the diagnosis very much, as it eliminated a possibility of a diseased ovary, impaction, colitis, hernia or sigmoiditis.

When I became sure of the diagnosis of a rectal abscess the patient was prepared for its opening and drainage. When under complete anesthesia the speculum was inserted, the mass located and a trocar inserted. The thick yellow pus flowed freely. The opening was enlarged to permit of inserting drainage, the cavity irrigated with a hot bichloride solution, and finally a piece of a rubber rectal tube was inserted into the abscess cavity and held in place by suturing to the outer margin of the vaginal walls. Low pressure irrigations of bichloride were used daily, and when in a few days the discharge ceased to come away, the drainage tube was removed and the cavity packed every other day with narrow strips of Iodoform gauze.

Recovery was complete. All pain subsided. Bowels became regular. Appetite returned, and at this writing the patient is following her vocation here in San Francisco. In going over the history of this case time after time to locate the cause of infection, I learned that eight years previously a similar attack had occurred and the patient had been sent to a hospital in Reno, where she had remained for one month, with the history of a recovery, without any rupture of pus sac. Every operation that has been performed was for the purpose of overcoming certain nervous phenomena; occasional sick attacks

with loss of appetite, sensitive abdomen, irregular bowels, sleeplessness, and extreme lassitude; and yet the same symptoms were occasionally coming up.

The outcome of this case and its history goes to show how careful the physician must be in securing a complete history of cases where the diseased condition is not sharply defined, and also to be thorough in such examinations so as not to be misled in doing an unnecessary operation. Here is a picture of a foci lying dormant for several years and yet causing systematic disturbances, that were menacing the health of the individual. An actual demonstration of an infection of tissue remote from contamination from outside sources. Purely one of migration through the rectal wall or else through the blood or lymph stream. The results show a cause, and the train of symptoms covering several years demonstrates what effect this hidden and overlooked mass was having upon the system of the patient.

The attendance upon this case was very interesting and instructive to me, and I trust its narration may be the means of assisting some one in a similar troublesome case, in arriving at an early solution of the trouble.

NOTES AT RANDOM.

Herbert T. Webster, M.D., Oakland, Cal.

A HINT TOWARD TISSUE TRANSPARENCY.—When a "kid," I was wont to occasionally beguile the tedium of confinement in the house on stormy days, making copies of pictures in books and magazines on transparent blank paper, made thus by being greased. Any old kind of grease served the purpose, from that hooked from the bacon-platter to that emanating from a fresh doughnut rubbed over the surface. This served as a source of amusement to a boy with time heavy on his hands, but the idea never occurred that so simple a process was the precursor of something more important and scientific; for the use of oil to render tissue transparent has now attracted the attention of scientists, and it is proposed to render organic tissue so transparent that its finest internal structure may be visible to the naked eye, by the aid of an oily environment.

Prominent among investigators in this line are Professors Spalteholz and Schultze, of Germany, though French savants are also interested. The volatile oils are chosen, on account of their great chemical indifference and inalterability. Bodies of small, smooth-skinned animals treated by suspending them in oil exhibit anatomical detail more distinctly and in finer texture than radiograms or radioscopy.

Such result is due to laws of refraction, the light which ordinarily reflects from the surface being allowed, by the oily

medium to penetrate to the interior, lighting up the interstitial structure. Such small animals as lobsters, frogs, etc., suspended in oil, in rectangular vessels of polished glass, present clear views of the positions of the bones, brain, heart, etc. Whether living tissues will ever be brought under such influence or not remains a question, but it appears as though it might be a step toward a clearer knowledge of histology and pathology.

A late number of the Literary Digest contains a translation from La Nature (Paris), accompained by illustrations of the transparency which may be attained upon the bodies of frogs, lobsters and thin plates of wood by such treatment, and explaining the process and the philosophy somewhat in detail. For further illumination we quote the two concluding paragraphs:

"The refractive index of a given tissue has, it would appear, a relation to the age of the animal. This index is in fact lower as the creature is younger. Very beautiful and instructive preparations are obtained by injecting into the blood-vessels coloring matters that make it possible to distinguish very clearly the distribution of these vessels. By injecting Wood's metal into the labyrinth or coloring the calcareous cells of the bones, we may observe, in all their details, the presence and development of the bony nuclei. Mr. Spalteholz is at present occupied in elaborating a method of coloring the nerves that will doubtless greatly increase our knowledge of the nervous system.

"The same process is evidently applicable to the tissues of plants; it makes it possible, for instance, to render thin slices of wood transparent, revealing its structure with remarkable clearness, as the accompanying photograph illustrates."

THE SURVIVAL OF THE FITTEST.—According to some observers, this doctrine is not confined to animal life, for it is believed that certain plants possess, in some degree, the property of defense against their enemies. E. Stahl, a German naturalist, and one of his students, W. Peyer, have published works on this subject, Stahl under the title "Plants and Snails;" and Peyer, who has devoted his attention to mice and rabbits, and who has followed the trend of Stahl's ideas, "Biologic Investigations of Protective Products." Both works are of importance from the viewpoint of human biology, for it appears as though many of the plants which are self-protective against the lower animals are of importance to man, either as medicinal agents or as means of sustenance.

It is usually known that the majority of our medicinal plants are rejected by animals as food. After personal observation in the Harz and extensive inquiries among the foresters and herders of that region, who are close observers of nature

and possess much practical knowledge of plants, Peyer found that out of fifty-two alkaloidal and glucoside-bearing plants found on the grazing ground only four were eaten without hesitation, and fourteen with other vegetation, under pressure of scarcity of food. Consequently, Peyer thinks that in alkaloids and glucosides plants possess powerful weapons against their enemies.

Experimentation proves that plants which snails, mice and rabbits refuse on account of objectionable contents in the fresh state are readily eaten by them after certain chemical compounds have been extracted with alcohol or acidulated water. Even when confined and subjected to hunger for a period of twenty-four hours the fresh material is refused, though finally, when too far pressed by fasting, those parts containing the least amount of defensive substance are sparingly accepted.

Plants containing acids, especially oxalic acid, are refused, and as these are consumed by the human family as salads and spring vegetables, this appears to have been to our special advantage as a higher type. Plants bearing etheric oils are also refused by animals, and it was found by Peyer that rabbits refused food usually attractive to them after the juice from such plants had been rubbed over it. Snails also refuse to feed on such plants until the oil is extracted with alcohol, when they quickly attack the dried remains.

A very interesting fact acquired by these investigations is, that such leguminous seeds as beans, peas and lentils—important acquisitions to our daily diet—contain a chemical substance of unknown character, which preserves them against mice and rabbits. The hardness of the shell does not account for this, for they are equally repellant to these creatures when boiled. But when these seeds are boiled in several changes of water, thus to eliminate the toxic principle, these animals eat them immediately; and when ground to powder and extracted with alcohol or ether the dried residue is very acceptable. Further, when the extract is poured over zwieback and other favorite food of mice, it is at once rejected by them; and clover thus treated will not be eaten by rabbits.

The roots of many seedlings, like maize, rye, oats, buckwheat, peas, etc., secrete an acid product, and it has been observed that snails refuse to eat them unless they have been washed off with water; and in half an hour or so they are again rejected, probably because the acid upon the surface has been renewed. Such roots, when treated for half an hour with diluted solution of soda, or after fifteen minutes of boiling, are readily acceptable.

These and other peculiarities of plants, rendering them objectionable to animals when edible for human use, remind us

that though we are pestered with pests we are not so extremely unfortunate, after all, and that nature has made many provisions for the survival of the fittest.

A DOUBLE-THROATED MAN.—Germany, that land of the transcendental, hypothetical—land of witchcraft and folklore—now presents us with a vaudeville opera singer who is able to sing a duet with himself. While not strictly double-throated, he is so functionally, for he is able to sing a song and at the same time accompany himself in a higher key. He is known to the people who listen to his performances as "the man with the double throat."

In time, this celebrity attracted the attention of the Berlin Laryngological Society, and he has been made the subject of careful scientific investigation, that the whys and wherefores of the phenomenon may be explained on substantial grounds. Here it was finally agreed that "the phenomenon is absolutely unique." The Medical Record, in a recent issue, published an account of these investigations, from which I append the following extract:

"The subject was an opera singer who had long appeared in vaudeville as the 'man with the double throat.' His normal voice was a baritone of wide range. In singing, he is able at will to accompany himself in a higher key. Thus far diplophonia has been regarded as a phenomenon which is purely pathological and the case in question is the first known exception to this generalization. The singer has been examined by many well-known laryngologists, but as yet no light has been thrown on the double-voice production. The vocal cords redden during the act. In demonstrating his faculty he sings an air first in the normal, then in the double voice. Unfortunately, when the laryngoscope is in position for study the double singing is produced with great difficulty, and the artist would not permit the use of cocaine. The possession of the double voice makes it easy for him to imitate various instruments. As this class of mimetics and also ventriloquists have already been studied profitably with radiography, the thought lay near to use this diagnostic resource in the present subject. The skiagram showed enough to suggest . . . that the double voice was produced by the simultaneous action of the vocal cords and epiglottis. Others have suggested that the extra voice might have been produced with the soft palate or ventricular bands. It is highly improbable that it can be produced by the vocal cords alone. As the vibrations cannot be seen their causation must remain conjectural."

CASES TREATED WITH LOBELIA.

W. L. Huckabay, M.D., Holland, Texas.

(Read before the Texas Eclectic Medical Society.)

CASE NO. 1.

On or about November 20, 1911, there was a negro girl, age about twelve years, taken to my office, who was stricken with convulsions on the streets in my home town. I found her in the following condition: Pulse, 120; full and bounding; temperature, 102 degrees. She was suffering with tonic and clonic convulsions, clonic more unilateral, affecting the right side. She had strabismus and opisthotonus; pupils of eyes dilated, and would not respond to light; jaws and teeth clinched, and could not swallow water or medicine; urine passed involuntarily.

I concluded that I had a case of cerebro-spinal meningitis, and having read Prof. Ellingwood's article in the E. M. Journal, September number, 1911, on "The Hypodermic Use of Lobelia," I especially noted what he said concerning Dr. Collyer's (of Elgin, Neb.) experience with it, in the treatment of meningitis. I was determined to give it a fair trial. So we commenced by giving her XV. Gtts. of Sp. M. Lobelia every fifteen minutes for two hours, at the end of which time the clonic spasms were somewhat relieved, and she could swallow, though with some difficulty.

We had her moved to a negro house near my residence, and continued the Lobelia in XV. Gtts. doses every half-hour two hours more; also the following prescription: Sp. M. Veratrum Gtts. XXX. Aqua q. s. oz. IV. Sig. A teaspoonful every hour. After four hours' treatment with this, I found pulse reduced to 90 per minute and softer; temperature, 101; could swallow with ease. Opisthotonos and strabismus were relieved. I continued the Veratrum prescription every hour, and Lobelia XV. Gtts. subcutaneously every two hours through the night from 8 p. m. until 8 a. m., when I found the pulse 80 per minute and soft; temperature, 99, and she was relaxed except just a little soreness and stiffness of the cervical muscles. She sat up in bed and drank soup for breakfast. Results of treatment were far beyond my expectations.

I continued the Lobelia X. Gtts. three times a day, for two days, and the Veratrum for twenty-four hours. She made a nice recovery in five days. She had some soreness in the biceps muscles, but no abscess.

CASE NO. 2.

On February 1, 1912, I was called to Mrs. C., age sixty years, and received the following history of the case: Just four weeks previous she was taken very suddenly with a vio-

lent chill and pain in the back of head and spine. It took two persons to keep her from burning herself on th (red hot) stove at the same time she was sereaming and begging them to do something to relieve her pain. They finally put her to bed and applied hot irons to her spine. About this time the physician arrived and gave her a hypodermic and she had not complained of anything since, except a dull headache, but had slept nearly all the time; she could be aroused only with difficulty and only for a short period of time. When asked a question as to how she felt, or where it hurt her, she would stare at you, and not answer at all or in monosylables. Her bowels would act when the doctor would give her a strong purgative, after which she would have a diarrhoea, and her bowels would act involuntarily.

I found her in a semi-comatose condition, pupils of eyes dilated, pulse 110, soft and easily compressed, temperature 97, tongue red and dry, with a brown coat, head drawn backward, neck and spine stiff; I could lift her whole body by her head, and not bend her neck or spine, which was very tender to touch. She had a hiccough, which had troubled her for two weeks, breath had the odor of urine. I introduced catheter and drew off two quarts of urine and continued to draw her urine twice a day for the whole time of her sickness to keep down uremic poison.

We prescribed the following treatment: Sp. M. Belladonna Gtts. XV. Ergot Gtts. LX. Echinacea Gtts. CXX. Aqua q. s. Oz. IV. Sig. A teaspoonful every hour. Rx. Sp. M. Sulphurous Acid XXX Gtts. in water every four hours. With the suggestion of Dr. Gates I gave her small doses of Lobelia repeated every half-hour for the hiccough, which was controlled in twenty-four hours.

I had Dr. Walker called in consultation, and we decided to give her XX. Gtts. of "Subculoyd Lobelia" every twelve hours, in connection with our treatment. The tongue cleaned off, and became almost normal; some other bad symptoms seemingly got better for a short time, but we could never get her temperature up to normal. She would not take sufficient quantity of water or nourishment. She gradually grew weaker and died four weeks after I first saw her.

CASE NO. 3.

March the 6th I saw Albert P., age 14 years, weight about 65 pounds, and very slender. His mother said that he had been sick nearly all his life; did not walk until he was three years old. His arms and legs seemingly nothing but skin and bone. I don't believe that there could be found two pounds of fat on his whole body; in fact, he was a perfect picture of Marasmus.

At the time I was called he had had a chill and was suffering with headache and pain in right side, made worse by breathing or coughing. Temperature 102, respirations 24, pulse 120, and small tongue pointed, red tip and edges; vomited some, very restless. I prescribed Sp. M. Bryonia Gtts. XV. Sp. M. Asclepias Gtts. CXX. Aqua q. s. IV. Oz. Sig. A teaspoonful every half-hour until pain in side is relieved, then every two hours; Sp.m. Aconite Gtts. VIII. Rhus Tox Gtts. XV. Gelsemium Gtts. XXX. Aqua q. s. IV. Oz. Sig. A teaspoonful every hour. We applied Libradol over painful area in side.

My next visit twenty-four hours later, his side was easy, but pain in head was worse, and extended down involving his neck and spine. His head was drawn backward to full extent, but the muscles of the back were not contracted any that I could discover. Temperature 104, pulse 130, skin very sensitive to touch, some tenderness in bowels, with diarrhoea; when leg was flexed up on abdomen he would scream with pain. I diagnosed it meningitis, and called the city health physician. He said it was evidently meningitis, but could not tell whether or not it was the contagious kind without puncturing his spine and getting some of the spinal fluid and sending it to Austin, Tex., for a microscopical examination, to which the family and I objected. We prescribed the following treatment: Applied a strong mustard plaster three inches wide to spine, from occiput to hips. After it formed considerable irritation, not a clear blister, Libradol was applied over same surface and renewed every twelve hours.

I gave him Subculoyd Lobelia (hypodermically) Gtts. XXX. every six hours for forty-eight hours, then same size dose every twenty-four hours for several days, about ten. That might seem like a large dose, but it has been said that it required larger doses with tobacco users, and as he was a slave to the weed of the strongest brands (he used Brown Mule), I concluded it would take a good-size dose in his case. He was also given a teaspoonful every hour, of the following prescription: Sp. M. Jaborandi Gtts. XXX. Aconite Gtts. X Echinacea Drs. II. Pasiflora Gtts. XXX. Aqua q. s. IV. Oz., which was continued until temperature was reduced to 101 and pulse to 80 and sweating profusely, when we dropped the Jaborandi from the prescription and in its place we used Asclepias Gtts. LX.

After a few days I noticed that the pupils of his eyes were dilated abnormally, and inclined to be drowsy. I then added Belladonna Gtts. X to the above prescription, and left off the Asclepias. He never at any time complained of the least nausea. After fever was reduced to 101 his appetite was reasonably good; while he craved heavier articles of diet, we kept him on light diet throughout his sickness.

DIPHTHERIA.

W. L. Huckabay, Holland, Texas.

(Read before the Texas Eclectic Medical Society.)

Mr. President and Fellow Practitioners: In assigning me the subject of diphtheria, I feel our worthy president has made a great mistake, for I have had but little experience in treating this dreaded and malignant disease, and that has been sad. I consider that my patients (as well as myself) have been very fortunate in my not having had but two cases in all of my practice, for I lost them both. They were both small children, and the only cases I ever saw that had that characteristic, ashen-gray membrane. They had other diagnostic symptoms, but the membrane in these cases extended from the tonsils clear down to the larynx, and finally into the bronchial tubes. I treated the first case with S. M. Aconite, Phytolacca, and Echinacea in the usual doses. I tried a spray of Per Oxide of Hydrogen, and Echafota in Glycerine, but the child being so young, this would strangle it, so I tried the spray only a few times. This child was sick only two days. I saw it on the second day of its illness; it died that evening.

I started that night for Dallas, where our association was to convene the next day. While there I heard the treatment of diphtheria discussed; various remedies were offered, but Echinacea and the juice of pineapple were praised more than any others, so I used them in connection with other remedies in my second case, but with no results. However, I have treated cases (with good results) that were diagnosed by other physicians as diphtheria, but I believed them to be only follicular tonsilitis. I used in these cases, Aconite, Veratrum, Phytolacca, Spongie, Echinacea, Baptisia and Calcium Sulphide, according to their specific indications. Locally either Per Oxide of Hydrogen, Echafolta or Veratrum in solution, as a spray or gargle.

Prof. Scudder, in his work on Practice, recommends Phytolacca, Aconite, Rhus Tox, Baptisia, Sulphide of Soda, Chlorate of Pot., and some other remedies, and gives the specific indications for each, but in his closing paragraph on the subject, he says: "When the larynx becomes involved and the symptoms of croup develop, the treatment must be prompt and thorough if we expect to save life. To give temporary relief I direct the inhalations of vinegar and water sufficiently often to give ease, using at the same time hot fomentations assiduously applied to the throat. When the case does not seem to progress rapidly, I place the patient upon the use of Aconite and Sulphide of Soda alone, and depend upon the means named for relief." Now notice what he says: "If, however, it is progressing rap-

idly, I give the patient small doses of Aceteous Tincture of Lobelia and Sanguinaria, so as to keep up continuous slight nausea, and when the patient is brought fully under the influence of the remedies, it is carried to free emesis. The treatment is similar to that adopted in pseudo-membranous croup, and has proven much more successful than any other plan."

Scudder, also recommends a larded cloth, sprinkled with the Comp. Powder of Lobelia and Capsicum, applied to throat and chest, when there is irritation of lungs. I think now that Libradol would be excellent in such cases. As a gargle or spray in very severe cases, the parts are much debilitated and ulcerating. He uses Sulphurous Acid diluted with three parts or more of water, and says the remedy is very valuable and should not be overlooked.

Prof. Herbert T. Webster in his work on practice discusses a great number of remedies, and their indications. He seems to have the most confidence in Echinacea, and Lachesis, and Potassium Chloride, as systemic remedies in this disease. I will quote a part of what he says concerning them: "In using Lachesis I prescribe two or three grains of the 6x trituation, to be repeated every two hours. But there is a form of diphtheria in which the tendency to early putrefaction and necrosis is not so marked, as that of rapid spread of the membrane. We here have the danger of blocking of the larynx with exudate to encounter, especially in young children; and neither Echinacea nor Lachesis seems to possess the property of controlling plastic exudations; Potassium Chlo. 3x, comes nearer fulfilling requirement than any other remedy we know of, and Schuesler has been very enthusiastic over its action as a specific for diphtheria, on this account.

"It certainly is of considerable service in this particular class of cases, I know from experience, and here we will administer Echinacea or Lachesis every there or four hours and give Pot. Chlo., adding ten grains of the 3x, to half glass of water; a teaspoonful every hour, to abridge the extent of the formation of the membrane, lessen its thickness, and render it as little septic as possible." He uses solvent antiseptics, such as lime-water, pepsin, tripain, papyotin and peroxide of hydrogen in a spray. The same author in discussing Antitoxin says: "There is no doubt that the injection of the substance into the circulation is fraught with considerable danger, for numerous cases are on record where it has been employed for prophylaxis in which sudden death was the result." But he says again: "It has been followed by favorable changes. Where death has seemed imminent in a few hours, numerous cases of malignant diphtheria have convalesced within twenty-four hours after the hypodermic use of this agent; the temperature speedily falls,

the membrane rapidly disappears, the symptoms of prostration pass away and though an erythematous rash, with cutaneous irritation may attend, convalescence soon follows. However, it should only be employed in those cases which offer no other hope."

Prof. Mundy, in his work on diseases of children, under the head of treatment for diphtheria, mentions a good many remedies, and gives the specific indications for same, and says: "The advent of antitoxin has revolutionized the treatment of diphtheria. A marked decrease in the mortality of this disease has resulted from its use. Its use does not interfere with any other measures we wish to use, nor should other measures be neglected, even though antitoxin be used."

Prof. Eli Jones, in his "Definite Medication," says that he has been through several epidemics, and always had good results in his cases, was never guilty of poisoning their systems with the filthy horse serum called antitoxin, that has killed and crippled so many of our children. In non-malignant cases he uses Phytolacca and Gelsemium aa Gtts. XX. Aqua q. s. Oz. IV. Sig. A teaspoonful every hour; and a gargle of Pulv. Chlorate Pot. ½ drachm. Sul. Zinc Grs. V. added to a glass of warm water. Sig. Gargle every hour. When the tongue has a yellowish brown coating, Sulphurous Acid Drs. II. Water Oz. IV. Sig. A teaspoonful every two hours. In malignant cases he uses Apis, Baptisia Eucalyptus, and when there is great nervous prostration, very foul breath, difficulty in swallowing, throat looks purple and livid, he uses Lachesis 6x dilution Gtts. X to half glass of water. Sig. A teaspoonful every two hours.

Prof. Finley Ellingwood, in his "Treatment of Diseases," advocates the use of Antitoxin, especially in bad cases. Here is one of his favorite prescriptions: Sulphurous Acid Dil. Drs. II. Flowers of Sulphur Drs. I. Syr. Acacia and Simple Syrup aa I. Oz. M. Sig. Give from one-half to one teaspoonful of this every half-hour, or hour, for the first twenty-four hours to a child above 5 years of age. To a younger child it is well to give the smaller dosage frequently for perhaps three or four hours and then discontinue for two hours to begin again, examining the throat once in from four to six hours, observe the progress of the development of the membrane.

This prescription should be taken without being diluted, and no water should be drunk immediately afterward. It is surprising how rapidly the exudate will disappear under the action of this remedy. With older children he advises the application of a few drops of the Tr. Chloride of Iron to the beginning exudate. With infants a spray of Peroxide of Hydrogen to keep the parts cleansed. He says a mixture of equal parts of Sp. Jaborandi and Echinacea, administered in doses of from

V. to VIII. Gtts., will do much toward loosening and assisting in the exfoliation of the exudate. He advocates cleansing the passages of the exudate by the use of the oils of Eucalyptus and Turpentine, suspended in hot water in a steam vaporizer. He uses other remedies, such as Sp. Aconite, Phytolacca, Rhus Tox, Baptisia, Belladonna, Cactus, etc., giving the specific indications for them.

The late researches and reports of Drs. Jentzsch and Ellingwood of the good results they obtained from the use of "Subculoyd Lobelia" in the treatment of diphtheria, has forced me to believe that it will soon put the "horse juice" antitoxin out of commission, with all those who are not so prejudiced that they would rather let their patient die than to use the better, and non-toxic remedy. I believe that "Subculoyd Lobelia," and Dr. Ellingwood's Sulphurous Acid prescription, together with any other indicated remedy or remedies, would be an ideal and safe treatment for diphtheria.

SCIENTIFIC MEDICINE AND SYMPTOMATOLOGY.

H. C. Smith, M.D., Los Angeles, Cal.

(Read before the Los Angeles County Eclectic Medical Society.)

The following extracts from an excellent article in the department of Therapeutics of the J.A.M.A., September 30, 1911, pages 1133 and 1134, have already been commented upon, editorially, by the California Eclectic Medical Journal, but I believe will bear further comment.

"Therapeutics in its broadest sense is the ultimate aim of the science and practice of medicine. It includes not only drug therapy, to which its definition is so often erroneously limited, but also everything that has to do with the treatment of the disease, the management of the patient, of his convalescence, of his permanent return to health, and of the prevention of disease attacking the well. In other words, it is the practical application of all the knowledge acquired by study, research and practice to the understanding and treatment of disease.

"That it is utterly unimportant to the patient what name the physician gives his disease, or condition, is self-evident. He comes to be cured, or at least to have his troublesome symptoms ameliorated, and while a diagnosis is positively essential for perfect therapy, fortunately or unfortunately, it is not always necessary for an amelioration of his symptoms or even, sometimes, for his cure. Consequently, many times the patient is as successfully treated, from his point of view, by a quack or an ignorant practitioner as he is by a scientific physician. It is also unforunately true that many a scientific physician, owing to his medical training and to some of the best text-books on

the practice of medicine, delays the amelioration of the patient's symptoms until slow laboratory processes have made a definite, positive diagnosis.

"Such diagnosis having been made, he is content to treat the cause of the condition, forgetting even the pain the patient is suffering and thus his patient is often driven to quackery, or dogmas, or 'patent medicines,' and often improves from such treatment.

"It should be taught not only in the therapeutic departments, but in the internal medicine departments of every medical school, and no text-book on practice should be considered complete unless it teaches that the uncomfortable, disagreeable and non-eliminative symptoms of a disease must be attended to and therapeutically managed while the disease itself is being scientifically combatted.

"Every clinician well knows that it is the consultant only who can ignore the treatment of troublesome symptoms. All successful quackeries succeed because of their ability to relieve symptoms or to cause such mental suggestion as will relieve the overtaxed minds, and many a loyal patient is driven to employ quackery by scientific neglect.

"As scientific practitioners are just passing out of the age of drug nihilism and a belief that because a disease cannot be cured by specifics the patient should receive no treatment, we find the necessity for a better understanding of pharmacology. Just as a mental therapeutist will be cured of absurd prognoses and beliefs by the study of pathology, so does a thorough knowledge of the pharmacologic action of drugs prevent a doubt of their efficiency. Hence it is absolutely necessary for every medical school to furnish laboratory pharmacologic instruction. The medical graduate after such a course will demand pure, active drugs, and will use them rationally. It is time to repudiate the assertion that Nature is a good physician or a good surgeon.

"It is just as futile and just as absurd not to aid in combating an acute or chronic disease with the proper drugs, all correct physical and hygienic methods having been instituted, as it is to allow pus to burrow and cause serious consequences, instead of properly evacuating it. It is just as absurd to declare that pneumonia and typhoid fever need no medication as it would be to declare that diphtheria needs no antitoxin and no antiseptic gargles."

The author of this article has much to say of quacks, and quackery. If a quack "is a pretender to medical skill" (Gould); and the regular, scientific physician who is paid to alleviate suffering and cure the disease fails to do so; but the

"irregular practitioner" to whom the patient has drifted for relief does perform a cure, who is the pretender and quack?

This article is presumably an editorial, as there is no name signed to it, and this department, so far as I am able to discover, has no other man assigned to it. The editor of the J.A.M.A. is "reformed" irregular, and having "reformed" through the agency of a six or eight-months' course in a "regular" college, being most of the time at a distance of over five hundred miles from said college, he shudders to think of the vast number of "quacks" and "ignorant practitioners" who have not "gone and done likewise" and thus become "educated, scientific physicians."

He now calls attention to the fact that "scientific practitioners are just passing out of the age of drug nihilism," thus tacitly admitting that regular medicine has not kept alive a belief in drug therapy, and also tacitly admitting that "regular" medicine was ignorant in that respect, if it is true that "a thorough knowledge of the pharmacologic action of drugs, prevents a doubt of their efficiency." Otherwise there would never have been any doubt in their minds, consequently, no "drug nihilism." But does that render them any less tolerant of the school which has kept alive the knowledge of drug therapy? Not in the least. While the "scientific physician, owing to his training" is "forgetting even the pain the patient is suffering," no other physician, be he quack, or what not, must presume to step forward and relieve that pain, under penalty of incurring the everlasting enmity of "scientific" medical men.

But this author, having been born, medically speaking, amid an avalanche of symptoms, having renounced his medical birthright, and renounced Homeopathy, now goes to the opposite extreme, and seems to regard the various symptoms that arise during a disease, as something foreign and apart from the cause and cure of that disease; and to consider them principally as unnecessary adjuncts to it that worry the patient, and obstruct the already arduous process of establishing a diagnosis, discovering the causative factor, and naming the disease, all so necessary to the scientific physician before he can treat the case in hand.

Eclectics having put themselves without the pale of professional respectability by presuming to relieve the distressing symptoms and curing their patients, during this "age of drug nihilism" in scientific medicine, without waiting to ask their kind permission, have some ideas all their own in regard to this matter, and will continue to practice and teach these ideas until our school is rendered "hors de combat," which rendering has

been promised to the local college in short order, by some of our worthy brothers of the dominant school here in the city.

Eclectics, too, believe that "diagnosis is positively essential for a perfect therapy," that "diagnosis in medicine" is the art and science of observing and discriminatingly interpreting the phenomena of disease" (Cohen and Eshner) and that these phenomena are manifested as signs and symptoms, which we comprehend under the general term Symptomatology.

We believe in Specific Diagnosis and Specific Medication.

We may not know whether atony of the nervous system of a patient, evidenced by a lack of expression in the eye, face, movements of the body, slowness of thought, speech and pulse, subnormal or erratic temperature, coldness of extremities and body surface generally, dryness and harshness of skin and hair, is due to insufficient action of the posterior lobe of the Pituitary body and from lack of proper food, or from the excessive drain of work and insufficient rest; but while we are endeavoring to find the cause, we shall have given the patient proper food, required a proper amount of rest and administered some form of Phosphorus, as indicated.

In the recent Poliomyelitis epidemic in this city I saw two cases, wherein the diagnosis was rendered extremely doubtful, as I firmly believe, by Eclectic treatment. In both cases the initial symptoms of the type affecting the anterior horn of the cord were marked. Both cases received Gelsemium in appreciable doses from the beginning of the disease and neither case developed paralysis.

Considering the marked sedative effect of Gelsemium upon the spinal cord, and especially upon the anterior coruna, what more rational scientific, or to be expected?

THE PRESENT THERAPEUSIS, DIAGNOSIS AND PROGNOSIS VERSUS ECLECTIC PRACTICE AND METHODS.

H. Vandre, M.D., San Francisco, California.

(Read before the California Eclectic Medical Society.)

It is as unreasonable as it is impracticable and foolish to be ultra-scientific. Besides our sciences as well as our theories are not all perfect. Therefore let us be more careful that we are not drawn into this medical vortex and lost. It is safer to keep out of its destructive path. In therapeutics of late we have been restless and flying to extremes. Materia medica, the most precious gift of ages to medicine, has suddenly been thrown to the winds and supplanted by an infinitive list of laboratory and test tube products.

The synthetics or coal tar derivatives, the coloids, the serums, vaccines and other biologics are mostly as yet in their experimental and tentative stage and are found wanting. The pendulum is beginning to swing the other way towards conservatism once more. Diagnosing and Prognosing—One simply able to give the diagnosis and prognosis of disease nowadays may be considered scientific, but far more important is the cure and relief of diseased conditions than all this scientific pabulum to impress the patient or relatives, but the intelligent public is fast catching on. We are surpassing them and making all this scientific pabulum of secondary importance as we are presently exemplifying and proving clinically in daily Eclectic practice by gentler means and gentler treatment with greater results.

Eclecticism presently will constitute the school of American practice and surgery. I prophesy this system will be universal. As Eclectics we have kept on in an even tenor of our way (media tutisimus est) as we were warranted to do by the results. We have studied along the lines of natural selection—the cellular and organic selection for certain drugs as exemplified and clinically demonstrated at the bedside with well-selected drugs having specific action and properties upon the various cells, organs and glands of the human anatomy—which cannot be denied. Shall we continue to help the little cells along or shall we destroy them?

To us has been intrusted this task of selection and preservation—to us has been handed this obligation and trust by the Eclectic fathers in the name of humanity.

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FRUIT DIET.

The present period of the world's history may be described as the "Diet Era." To the visitor from Mars it would seem that about every third man he met is "on a diet." Truly a remarkable state of affairs, which becomes quite astonishing when it is learned that not only do no two of them agree upon what constitutes a fit and proper diet, but each insists that there is but one diet, and that he is the personal possessor of that one. There is a time-worn and much-abused adage to the effect that "What is one man's food is another man's poison," but if we may judge from their actions and words, very few people really believe it.

With one accord, writers from both the profession and laity, lay down rules which they proclaim as laws fit to govern the diet of humanity the wide world over. Apparently many of them have never suspected that a building that would make a suitable house in France would not necessarily be desirable or even possible in Japan. The same suggestion may be made in regard to literature, arts, transportation, clothing, diet—in fact, anything pertaining to the comfort or development of the respective peoples. All of which being obviously true, to attempt to lay down laws of more than local application is but to advertise one's ignorance.

For several years current medical and lay literature has been filled with stirring appeals by advocates of "nature diet." Just what is meant by the term is not at all clear, neither is it likely to become so as long as it is a question of big I and little you. Each man acclaims himself as the savior of the stomach of mankind, and in so doing makes such a noise that it is difficult to even suggest that if man did not guide and assist nature, the food supply of the world would not suffice for more than a fraction of one per cent of the present population. Personally, we are a great lover of nature, but not necessarily a nature worshiper.

As a direct result of this nature fetish we have a cult, the members of which advocate the "fruit diet"—and the consistent ones take it raw—the argument being that nature has here provided certain organic chemical compounds which are necessary to properly nourish the body, etc., etc. Just what specific compounds are meant and in what specific manner they are necessary we have yet to read.

One of the signs of a health faddist is that he believes that his particular reform is necessary to keep the people from being swept off the face of the earth. He seems unable to comprehend that the people have become used to the ways of this old world and that their numbers have been steadily increasing since the beginning of recorded time.

Fruit as an article of diet is quite a modern invention and its use is limited very largely to Americans. Europeans eat it very sparingly, and Orientals practically not at all, and yet they live and grow; of course, not as well as we do, but still their bodies appear to be well nourished, and they live as long as we do.

Therefore, having determined that fruit is not a necessity, the query arises: "Is it generally desirable?" A question which can be answered only with reference to a particular locality, and then only in so far as to advise what is best for the majority of its inhabitants. It is utterly absurd for a person living in Maine to undertake to settle this question for a person living in Florida; or one living in Colorado for one living in Ohio. Even in so circumscribed a section as Southern California the differences in this respect are so marked that in some localities fruit can be eaten freely, while in other and nearby localities to do so would surely be followed by sickness. And when we add to these peculiarities of locality those of personal idiosyncracy, we begin to comprehend that in so far as fruit is concerned, "what is one man's food is another man's poison." Nevertheless, it is a fact that the majority of the people of this

particular locality eat too much fruit, and thereby produce that complex derangement of metabolism known as acidosis. Also we have personal knowledge of other localities where this is also true. Such being the case, we may assume that the fruit diet has decided limitations, and nowhere should be eaten without care and discrimination.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on October 1, 1912, at 8:00 p. m. at the College.

Minutes of previous meeting were read and approved.

Dr. H. C. Smith read the paper of the evening, entitled, "Scientific Medicine and Symptomatology." Drs. Munk, Scudder and Hubbard took part in the discussion and Dr. Smith made some closing remarks.

Dr. Clutcher was present as a guest and read a paper, which was much enjoyed by those present.

At the next meeting, which will be held on November 5, Dr. O. C. Welbourn will read a paper, and as an innovation, it was decided to serve refreshments at the close of the meeting.

Adjournment.

B. R. HUBBARD, Pres.

H. FORD SCUDDER, Sec. Pro. Tem.

LARVICIDES IN ACTION.

The Best Methods of Destruction.

By Surgeon-Captain Frederick F. McCabe, M.D.

In bringing the results of some recent experiments of mine on the action of Larvicides, both in laboratory and field work, before the Asiatic Society I am fully sensible of the vast importance of the subject to India and to mankind generally and I am most anxious that you should criticise freely that very important conclusions at which I have arrived, the justness of which I hope to convince you tonight both by what I shall say to you and what I shall show to you. I have not yet been very long in the East and an object of my visit to it was to make these very investigations which have occupied most of my time and nearly all of my thoughts during the past eight months.

Failure of Kerosene Oil.

That the present position of the attempt to reduce the numbers of mosquitoes—disease carrying and otherwise—is in a thoroughly unsatisfactory condition. I think you will agree when I tell you that I intend to prove to you that the usual "first line" in the armamentorium of the ordinary Mosquito Brigade in this country, the oiling of pools with kerosene oil, is in nine cases out of ten quite a useless proceeding, as far as the actual killing of any considerable number of larvae is concerned, but further that by killing one of our important allies, the **Linnoea Stagnalis** or common fresh water snail, which feeds upon mosquito eggs, we have the very interesting position developed in our first round with the enemy of the Brigadier-General actually "shelling" and at once killing with his oil his own infantry who are unable to take to cover, while the Mosquito larvae at which he is aiming immediately take cover by moving their position as soon as ever they meet with the first sign of oil on the end of their siphons, or breathing openings.

Let me demonstrate exactly what I mean. Look at jar No. 1. This jar contains many mosquito larvae still alive and kicking freely. It has been covered with oil for the past four days. There is enough oil to cover a pool of many square yards, but I have railed off a small corner with a piece of floating wood. The larvae at once find this out and go over there for air, and no matter how closely you may look you will find few if any of them dead. But the jar also contains some specimens of our friendly little water snails. Every one of these is dead.

They, as those of you who are at all Naturalists know, have also to come up for air. In warm countries such as this they are never done coming up. They let themselves up on a string of mucus from the bottom and fill their pulmonary cavity with

air. The slightest sign of any oil is death to them. I have even tried taking them out and putting them at onee in elean running waters. No power ean save one of these creatures if you have let a drop of paraffin enter his side. On the other hand, you ean keep mosquito larvae in a jar completely eovered and you may find more than half of them alive after three or four days. Some varieties of **Culex** I have found extraordinarily resistant, although on the other hand larg-sized Anopheles die very quiekly if the surfaee is eompletely covered. Small ones live long and the wind soon clears a spaee like my piece of wood. I have actually seen this oecur, time after time.

The Water Snail.

Well, but some of you may argue, what about these water snails? What reason have you for wishing to preserve these? Are they not vegetable feeders? So, they are described in the books, but in my laboratory I have seen them eat mosquito eggs whieh I have plaeed there for them. I have seen them erowd round and tear a large cockroaeh to pieees and eat it and while the ordinary Natural History Book refers to these ereatures as strietly herbivorous I ean quote Mr. A. H. Cooke in his statement that he has seen this same **Linnoea Stagnalis** overpower and partially devour a specimen of the common shrickleback. I have noted, too, in the field that where there are many **Linnoea Stagnalis** in a pond there are few or no mosquito larvae to be found. I think then that I have said enough to show you that you ought not to destroy these ereatures unless in so doing you are sure that you also destroy the mosquito larvae, which, as I have shown in the ease of paraffin oil, you do not do. At the same time it is but right to add that while I have kept and bred **Linnoea Stagnalis** and other water snails for the purpose of using them as larvieides, or rather egg destroyers, I have found their appetites to be fiekle and very often in eaptivity they will not eat eggs or get tired of the diet. Their powers of increase are prodigious. Each speeimen is male and female at the same time and the results of the union of the two is that the **burra** partner produces between 200 and 300 eggs, while the **chota** one only produces about 150. There is no sexual question to be settled between those ereatures. I show you in jar No. II a happy family of them, and with the remark that there can be no possible harm in adding a few of them to overflow-tanks or other water which you desire to retain near your house, I pass from these ereatures, whieh, after all, can only be used as Cossaek Posts'' on the flanks of our main line of attack on the Mosquito. To get them to breed you should add a lump of fat to the algae whieh the water they are eontained in will soon supply them. This fat you will presently see them tear to

pieces, and it seems to act as an "opsonin," as when full of fat as a rule they search for and eagerly devour mosquito eggs.

Why Mosquito Brigades Do Good.

You will grant me then at least for the sake of argument and you can all look at my demonstration and repeat the experiment for yourselves—that the pouring of oil on the larvae-troubled water is not all that it has been represented to be—is in fact a failure; what have I to say to the undoubted fact that where mosquito brigades have been at work and have persevered in their work for any length of time the number of mosquitoes are undoubtedly reduced and with them and as a result of the mosquito brigade work numbers of cases of fever have also diminished. To that I reply that while I do not deny that the oiling of pools kills some mosquitoes, I am convinced that the good work done by mosquito brigades is almost confined to the work they do when they tidy, fill up and drain mosquito pools.

Water Tidiness.

Here let me tell you of some out-door work of mine. I was fortunate enough shortly after my arrival here on my mosquito killing hunt to secure from Messrs. Bird & Co., an appointment which really meant a medical and sanitary advisorship to their jute mills. Now I have so much in the way of new methods of attack to bring under your notice tonight that I do not want to delay over this part of the campaign; so I shall only say that I found in six cases out of seven that these mills were models of up-to-date sanitation and the health of the European employes was all that a medical officer paid to prevent rather than to cure sickness could desire, but the seventh case, which as it happened was the very first mill I visited, gave the preventive medicine enthusiast all that he could wish for. Every one had malaria there and the whole place, even at that time of year, was full of mosquitoes, anopheles, and culex of every variety. This is the Landsdowne Mill, close to the Salt Lakes, and in my first walk round the coolie lines, I am certain that I destroyed thousands of larvae by emptying old buckets, chatties, ordering the filling up of small pools. We afterwards almost got rid of the Mosquitoes from this mill altogether by the adoption of the methods I am about to tell you, but I want to impress upon you that no matter what elaborate plan of campaign you adopt you will fail altogether unless you begin at the beginning. And the beginning is, and here my first line of attack has been the same as in the "second line" of the mosquito brigade—i. e., **water tidiness for at least half a mile round your center** and your center is in all cases the dwelling place of the human be-

ing you want to protect from the mosquito. Now with that made clear, which explains, I think, fully any success mosquito brigades have so far had, I return to my experiments and their practical results.

A Trial with Disinfectants.

As I told you my first experiments were with oil, and here I was, as you have seen, doomed to a serious disappointment—a disappointment which I may confess was all the more grievous to me because in my series of lectures on Tropical Diseases delivered as long ago as 1906, first at the request of General M. F. Remington, now Inspector-General of Cavalry in India, to the cavalry brigade he then commanded and afterwards repeated to the officers of the Staff College at Camberly, I had said, quoting the medical opinion of the day, that "kerosene oil at once killed the larvae" and I came out rather with the idea "why do you people of India put up with this pest and this appalling waste of health and life if the remedy is so easy?" Great then was my disappointment when I found these "wrigglers," as American writers are so fond of calling them, refused to die. But the "wrigglers" had greater surprises in store for me. "If paraffin would not smother them then disinfectants must kill," I thought. I then started on the series of experiments which, as it happened, Sir A. Ross and E. S. Edie were engaged upon at the very same time. They used Culex Pipiens for their experiments while I used anopheles and culex larvae of every sort and kind, even bringing specimens, which I was unable to identify, from Benares and Delhi. To these, arranged in a long series of chatties, I added solutions made from the salts of all the metals in the least likely to act as larvicides without being too poisonous to be safe to recommend for public use, if found to be successful. The likely salts of mercury, potassium, sodium, calcium were all tried in turn. I went to the vegetable kingdom and tried the salts of quinine, the oil of eucalyptus and even the element iodine and its salts were tried. In any strength which it would be practicable to use in the field of larvae continued to kick their way to the surface as if nothing had happened to their water supply! I must say that I was absolutely astonished to see larvae kicking about gaily in water which on examination under the microscope had proved to be absolutely free of any other living thing. For instance, a solution containing mercuric chloride 1 in 10.000 did no harm to culex larvae except that after a few days the bigger larvae showed a tendency to eat the little ones. This tendency was more marked when the larvicide tried was Calcium Hypochlorite and continued experiment with this salt led me to a result

which I think you will regard as successful. But before I pass on to tell you about this I should like to say just one word about Sir N. Ross' and Dr. Edie's experiments. I did not try the salt which they, as the result of their experiments, recommend the use of. That is Potassium Cyanide. I passed it in review as being likely to succeed if one dare risk its use. But I dare not risk it. These experimentors, however, found that this salt, in the extremely diluted solution of 1 in 300,000, killed their culex larvae all off within 18 hours. In all my experiments the Culex stood far more bad treatment than the Anopheles, so that strength would be sure to kill Anopheles too. But what does it mean in actual field work? Simply this, 3 grains of the deadly poison Cyanide of Potassium added to about 12 gallons of water on a small bath full of water would kill larvae and, of course, every other living thing in water, too. The author of a recently published paper says: "Its use can be restricted to stagnant water, which is not used for drinking purposes." Well, I think I am long enough in India and have seen enough of the natives' habits to know that this is a more than dangerous distinction and the publication of such a recommendation which I do not believe any one will have the courage to adopt, even with such a name as Ross to back it up, only showed me how great was the need of fresh guidance for the Mosquito Brigades, which I hope your discussion tonight will in part supply.

A New Larvicide.

To return, then, to my own experiments: Chloride of lime did not kill larvae in any reasonable strength of solution. They seemed to thrive in it and sometimes to eat each other. But when I made a paste by wetting chloride of lime with common paraffin oil, I found that certainly in the laboratory and in the field as far as one could see there is no "taking cover" from this preparation. Once larvae have stuck their tail ends or siphons through oil containing chloride of lime they are apparently thrown into a state of terrible agony. From then they wiggle twice as quickly and come up shortly in the oil-covered places again only to descend apparently tied in a knot while they try to bite off their own tails! They do not live many hours when this begins. Jar No. III will show you the result of a dose given them today. Beside me is a jar of the paste. Now you will at once observe that this addition to the water must also kill fishes, water snails and every other living thing in the water and that I am, after all, "shelling" my own infantry, as I objected to already. I reply, "Yes, that is true; but in this case I **do** kill the enemy. I objected to your paraffin, or kero-

sene, because it killed your friends and not your enemy. With my preparation (and I cannot see that it has been recommended elsewhere in this shape) I deliberately, on occasion, decide to sacrifice my own allies, the fishes and the water snails, in order to make sure of the enemy. But I do not use nor advise the use of this preparation except in the case of badly made drains. I found at the Lansdowne Mill badly laid parts of these simply swarming with anopheles larvae—but I defy anyone to find any there now—I also advise it for pools that are just too big to drain or fill up, but which contain neither small fishes or water snails, and I advise it to be put into the traps of drains, the corners of shoots and other places **where our allies are not usually to be found**. I have already used gallons of paraffin and tons of chloride of lime, but I do not think I have killed many water snails or fish. I claim for this preparation also the advantage that the female mosquito simply hates the smell of it and won't lay her eggs where it is. She goes off to seek pastures new and to this fact I attribute some of the success which the staff of the Lansdowne Mill are kind enough to give me when they tell me that "since I came the mosquitoes left."

More Experiments.

But I was and still am dissatisfied with this larvicide, not because of its limitations, inasmuch as it kills friends as well as foes. Under no circumstances would I agree, for instance, to add this preparation to my waters containing fish, and while fish are our best allies in this fight, they do not altogether prevent the mosquito from breeding in the waters they inhabit. I have seen round the border of tanks which undoubtedly contain fish both larvae and Pupa of Culex mosquitoes. This was specially the case where the borders of the tanks were overgrown with grass and weeds, and here the sweeping of these borders with a brush which had been dipped in my paste—the way I always have it applied—will, if repeated a few times per week undoubtedly help to clear the tank of larvae without injuring any of the fish, which clear off into the middle at the first sign of this larvicide. But it kills first our little egg-eating friends who curl up at once in presence of even a trace of chloride of lime, and it either kills at once or drives off any other little allies in the shape of water-boatmen and the larvae and full-grown water-beetle, tadpoles, which are great mosquito egg and small larvae feeders, just as frogs and bats are all their lives mosquito eaters, the larvae of dragon flies, all of which are greedy feeders upon mosquito larvae. For this reason I continued my experiments in another line. I argued that it was hopeless to poison the whole water supply. That as mosquito

larvae are the toughest living things in it they are bound to be the last to die, and formed the opinion that no chemical that had to divide itself up over the whole water supply was ever likely to be found efficient in practice. What about poisoning the food supply or cutting it off? In the laboratory this last was easy enough to do. But apparently it had little effect except to inhibit the growth of the creatures and cause the production of mosquitoes smaller than normal. In some cases it caused fierce fights, ending in cannibalism, and in one case, where I put five grains of quinine sulph. into three pints of water, I had the satisfaction of seeing the old story of "Ten little nigger boys" enacted before my eyes. Twenty Culex larvae set to eat each other and every time I looked at them there was one less till at last there was only one. I failed, however, to get other lots to repeat the experimnt, and to this day I am at a loss to suggest what started the cannibalistic mania in that particular preparation. You will find, however, that with the chloride of lime treatment and with the electric treatment of which I am about to speak next that larvae will eat an injured comrade if the one who has been injured is placed amongst sound ones. But to return for the moment to the food-poisoning theory. I tried first the destruction of their food by means of disinfectants. These creatures by the way feed on everything that is smaller than they, both animal and vegetable. The anopheles, as you know, are surface feeders, and if you examine the water from the surface, where they appear to be feeding, you will find it full of microscopic animalculae. You can kill all these, but the larvae will still kick along gaily. Cutting off their natural food supply, therefore, is not practical. Can we give them poisoned food and get them to eat it? I spent a long time at this, and although I have not succeeded, I consider the results are of sufficient interest to be worth relating, and success may follow further experiments in the same line, perhaps, in other hands. The first thing to find was a medium in which to give the poison and then to find a poison which was at once insoluble in water, tasteless and so small in quantity as to be unlikely to injure the human being if misuse was made of the larvae poison. Culex larvae eat boiled rice greedily if they are hungry, and all larvae eat fat which can be arranged to sink for the culex and float for the anopheles, and I soon had a very striking result. I gave a lump of ordinary fat and lanoline to about 50 culex larvae and all were dead in the morning. A **post mortem** dissection showed obstruction of the intestine which was blocked with fat. This raised my hopes greatly, for at home in trying an experiment with an exactly opposite intention in the feeding of the red marrow of

bones with the idea of producing a race of bigger and better nourished frogs, I always succeeded in killing my tadpoles, who died of obstruction with their insides blocked with fat which they were utterly unable to digest. But the next lot of mosquito larvae only nibbled at the fat, so the next and the next, no matter in what shape I gave it to them, and although I am still struggling to find the "opsonin" which was in that particular lump of fat and lanoline, I have not yet succeeded, and as to the struggle for a suitable poison, I gave this up. Arsenic and amorphus phosphorus seemed the most likely, but here we had to face the fact that in my experiments, friends such as I have mentioned above were all more eager feeders than were our foes, the mosquito larvae. An organic substance may yet be found which will act in the desired way. This then brings me to the last of my completed experiments.

Electrocution.

During all these months I was rearing up an ever-growing family of mosquitoes, and apart from my chloride of lime and paraffin mixture I was constantly in trouble to kill them off as soon as they grew up and were about to get wings. I disliked using the chloride of lime in my chatties, because no matter how carefully I washed them out, mosquitoes would not again lay eggs in them. Therefore, my troubles to kill, and my search for a new way of doing it were ever recurring and never ending. It was then that the suggestion was made, "Why not electrocute them?" My brother, Mr. W. B. M. Cabe made the suggestion and we immediately went off and bought electric coils, and set the dynamo to work, and of course, being dealing with mosquito larvae—perhaps the toughest things in their way Providence has made—we met with surprising results; a high frequency current giving sparks of four inches discharged in the water containing these larvae only seemed to make them a little bit unsettled. But with a low tension current at 220 volts, some of them at once died and others after a few kicks lay quiet. An examination showed that their head and tail ends were badly burned, and all these died in the night. One of them put amongst uninjured larvae was at once attacked and eaten. I suppose the smell of roast larvae was irresistible to his brothers and sisters.

The objection to the process is that like the chloride of lime it kills every other living thing that comes in the line of the discharge, while unlike the former, it does not frighten off the female mosquito, nor does it render the eggs sterile as does, I believe, the slightest trace of chloride of lime. But an instrument could very easily be designed which would sweep the side

of all larvae containing tanks and pools and kill all that came within its radius. It is for you to say if you think we ought to go on with this design. Would public bodies use it? Its use while it would certainly kill the larvae would be free from the objection which the appearance of small quantities of chloride of lime gives to the edge of the pools and tanks treated by it. It could be very easily worked, and I have seen places outside Calcutta, in Howrah, in and all round Delhi and in other parts of India, where the sweeping of this electric trident every week for the next year or two would kill larvae by millions, and I am sure make a big difference in the "vital statistics" within a few months of their being put into use. So much, then, for the experiments actually completed in laboratory and field.

Conclusions.

I trust, however, that you will have observed that in presuming to bring the results of these experiments before you and asking you for your opinion upon them I have not claimed to have yet found a solution of the difficulty I set out to solve, that is by any means final, or altogether satisfactory. But I do respectfully suggest that with the present means of attack at our command, the war with mosquitoes cannot be better carried on than on the lines I have suggested in this paper which summarized are:

1st. The insistence upon "water tidiness" and the necessity of trying to get the native to develop this sense; by no means an impossible task in my opinion.

2nd. The use of chloride of lime and paraffin, or electricity, in all suitable places.

3rd. The intelligent use of our allies, and to summarize these you may take it that in the world of waters everything bigger eats everything smaller.

In water there is no such thing as peace, everything that lives fights against greater foes that eat them up at one bite, or lesser foes that get inside them and live inside as parasites, of which the water world inhabitants are never free. And, indeed, with us, although we are apt to forget it amongst the comforts of civilization, the condition of continued existence is endless and unceasing fight. In my opinion you dwellers of the East have too softly submitted to the partial victory of the mosquito. To wander about India and in these wanderings you need not go far from Calcutta, one would be forced to think that the role of the mosquito had not yet been discovered.

Yellow Fever.

I do not like to be a prophet of evil, but I cannot close a paper like this without calling your attention to the fact that

the **Stegomyia fasciata** is extremely common in India. Yellow fever has never yet been brought to Asia. In a year or two the Panama Canal will be open and will bring places where this fever is **endemic** within about twenty days' sail of your ports and the **whole of these twenty days will be spent in the tropics.**

It is only a question of time for some ship to bring an infected specimen of the stegomyia—who lives in the infective stage for sixty-two days—into Asia. An unrecognized case or two (occurring in a native, what are the chances of a case being seen by an intelligent doctor and recognized in time) would with these carriers everywhere start an epidemic, the death roll from which would appall the human race. Judging from what has happened in South Sea Islands, when a new disease is introduced from which the inhabitants have never before been subject to, I should not be surprised if yellow fever yet left India, or other part of Asia an uninhabited wilderness! The **Stegomyia** today is in millions in your palaces as well as your bustees. She bites by day as well as by night. Once introduce infection and nobody will be safe. No precaution will then be of much avail.—Indian Medical Record.

COLLEGE NOTES.

Herbert T. Cox.

The opening of the thirty-fourth session of the C.E.M.C. was held September 16th. There was a good attendance of students and professors and a very enthusiastic gathering it proved to be, indeed. Dean Munk made his report on some changes which had been made and outlined the program and purposes for the ensuing term. Professor Welbourn told of his troubles while acting Dean in the absence of Dr. Munk during a portion of the summer. It was reported that some twenty prospective students had been turned away on account of deficient preliminaries. But we hope they will all make up their deficiencies before another year and be ready to join us.

Professor Baird, in encomiastic langauge, referred to the grand old principles of Eclecticism which the students had the privilege of mastering in this College. Also of the great value they would be to us as practitioners in the field; he told us that the faculty was an enthusiastic and self-sacrificing one and urged the students to dig. Dr. Cook from St. Joseph, Mo., was called upon for a few remarks. He stated the great necessity for the student in his education for a successful practitioner, to be developed in three lines, namely the mental, the physical and last, but not least, the moral element. Professor Bailey, who is a new member of the faculty here, but who was one of the

stand-ups in the faculty at San Francisco, gave a complete but rapid review of the history of the college. He spoke of the vain efforts of the faculty to reorganize there after the fire and of the great loss they felt.

We are sorry that Mr. C. L. Stammers is not able to be with us this winter, but he intends to return next year and be with the bunch and make up for lost time.

The Senior class held their annual election of officers and elected the following: President, T. C. Young; Vice-President, H. T. Cox; Secretary-Treasurer, A. Goff.

The clinic room has been put into good shape and stock of drugs fully replenished for the term's work. The details will be in charge of the Seniors, who have organized similar to the manner of last year's class. The attendance at the clinics is increasing and there is promise of much good material during the year.

A letter has been received from Professor Barbrick at Edinburgh University, in which he states that he is enjoying his work very much. He says that the projectoscope is used in all of the lectures, and in some of the lectures the work depends entirely upon the illustrations thrown through the scope. Anatomy is reviewed and drilled into the students at practically all of the lectures for four years. In surgery they do not equal us in asepsis, but pay more attention to anatomy, and detail in their work to prevent future complications. In the laboratory subjects he finds them systematically covering the work but doing very little research work. All professors are methodical and demand regular and punctual attendance, the door being locked five minutes after the lecture hour. He states that many of our teachers are just as thorough and capable in the scientific branches as those in Scotland.

NEWS ITEMS.

Mrs. Dr. G. G. Gere of San Francisco returned home recently after a brief visit with friends in Los Angeles.

Dr. Lewis P. Crutcher, Vice-President of the National League for Medical Freedom, was present at the last meeting of the Los Angeles County Eclectic Medical Society and gave an interesting talk about the good work done by the league.

After frequent reminders by the President that refreshments served at our monthly meetings might increase the attendance, the ladies who were present at the last meeting volunteered their services and promised to furnish light refreshments at the November meeting, so let every member please take notice and be there.

Dr. F. M. Neville, Eye and Ear Specialist of Montrose, Colorado, who is visiting friends at Whittier, Cal., made the College a friendly call recently.

The use of tuberculine in the treatment of tuberculosis has been discontinued in the government sanatorium at Fort Stanton, New Mexico. After giving it a thorough trial it was the unanimous conclusion of the officers who did the work that no benefit was observed from the use of either of the two kinds of tuberculine employed.

Dr. Clinton Roath was so unfortunate as to have his automobile stolen last month, but the machine was recovered in a few days by the police, after the joy-riders had abandoned it. After a short stay in the repair shop, the machine was as good as new.

DIED—Dr. Thomas Spaulding, formerly of Terre Haute, Indiana, passed away in the city on September 29, after a lingering illness. He leaves a widow and two daughters, to whom the Journal extends sympathy.

Dr. H. Ford Scudder, of Redlands, made his usual weekly visits to the College to lecture during the past month.

Mrs. Dr. Finley Ellingwood, of Chicago, has been visiting her two sons who live in Pasadena. On one of her trips to the city she called at the College, and her visit was greatly appreciated.

Professor John Uri Lloyd, of Cincinnati, was a member of Governor Harmon's staff on his recent tour to the Pacific Coast to choose a site for an Ohio building at the Panama-Pacific Exposition at San Francisco in 1915. On his return trip he made a short stop in Los Angeles, but promised to come again soon and stay longer.

The Pacific Coast may expect to see Prof. Lloyd more frequently during the next three or four years, as he has been appointed one of the commissioners to represent Ohio at the Panama Exposition.

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Original Contributions

IN THE LAND OF THE CLIFF-DWELLERS.

J. A. Munk, M.D., Los Angeles, Cal.

The land of the Cliff-Dwellers embraces a wide scope of country and includes much of the territory that is watered by the Colorado, Gila and San Juan rivers and their tributaries. The region takes in most of Arizona and portions of Colorado. Utah and New Mexico. These four states join corners at right angles and is the only occurence of the kind on the map of the United States. Owing to this peculiarity of union the junction is called the "Four Corners." Near this point the San Juan river cuts through three states for a short distance. Much of this land is yet a primitive wilderness, remote from the railroad and practically unexplored. The Navajo Mountain is the center of this wild region, which was recently dedicated by the government as a national park and named the Navajo Monument.

It is two hundred miles from the railroad and its nearest station is Gallup, New Mexico. Freighting by wagon is possible from this place to Payenta, over a long stretch of unmade desert road, but the trip is seldom made. The road as traveled is considerably longer than it would be on an air line, owing to the long detours and doubling back which it has to make in order to avoid broken ground and impossible arroyos. What little road there is is only local and, if followed, invariably leads the traveler astray and away from the main road. There is never any best road, seldom a good one and most of the way no road at all. Payenta is the end of the road, which is located in the northeastern corner of Arizona, in the heart of the Navajo Indian reservation and consists of a trading post and postoffice, kept by Wetherill & Coville. It is one of the last few remaining settlements on the Western frontier and, perhaps the farthest removed from a railroad of any in the United States.

The Navajo Indians are now the principal occupants of the land of the ancient cliff-dwellers,where they have held undisputed sway for centuries. They are a numerous people num-

bering more than 20,000 souls and are the last and largest of the wild tribes; but, like the rest of their kind, they too are destined eventually to be obliterated and absorbed into the universal melting pot of Uncle Sam. They lead a nomadic life, moving their habitation from place to place as the mood takes them; but are an agricultural and pastoral people, cultivate some corn, fruits and vegetables and own large flocks of sheep and goats and herds of horses and cattle. In stature they are well formed, being tall, straight and slender; have regular features and are dignified and reserved in manner. Some of the men are skilful silversmiths and the women are famous blanket weavers.

Like the Moquis they have frequent ceremonial functions, which include songs and dances and have a series of original drawings made of different colored sand, or sand paintings that are really works of art. Many of their ceremonies are employed for the relief and cure of the sick, for which service the patient and friends must pay the medicine man, who conducts the services, in barter according to their means. Their amusements are of a like character and consist of a variety of races, songs and dances that culminate in the great annual festival of the "Chicken Pull." They are clean and healthy for Indians and have white regular teeth, but use no toothbrush. On the borders of their reservation where they come in contact with civilization they are gradually changing by adopting some of the white man's ways, but in the far interior they are much the same in their habits and customs as they were fifty years ago.

Gallup, New Mexico, on the Santa Fe Railroad, is a convenient point for starting on a trip into the Cliff-Dweller's country, as the route follows a chain of Indian trading posts, but without a single hotel in the entire distance. The first thirty miles to St. Michaels, where the Franciscan Fathers have an Indian mission, can be made in an automobile. If the road is at all fit for a machine, an automobile is certainly a fine conveyance for desert travel. It glides smoothly along, sturdily surmounts steep hills and the driver does not have to feel sorry for the tired horses on a long trip. Like the man of the seven league boots in the Munchausen story, who could lift himself uphill by his boot straps, so the auto proceeds to annihilate space and climbs hills without being weary. The Ford seems to be the favorite machine for the desert travel because of its strength and lightness and all around good service that it gives, as it can do about everything but fly.

Ganado, the next stopping place, is the home of Hon. J. L. Hubbell, who was to the manor born, has always lived on the frontier and is everybody's friend. He lives the life of the

old Patriarchs in the midst of his family and possessions, with a large retinue of servants to do his bidding. The traveler who has the good fortune to be his guest finds out what real hospitality means.

At Chin Lee, the mouth of the Canyon de Chelly, there is a government Indian school and the Fathers have another Mission. Canyon de Chelly is typical of cliff-dwelling abodes and contains many interesting ruins. As I had already been in the canyon on two previous occasions and, although it is worth repeated visits, I did not have the time to stop and see it again.

The next and last station of the long road is Payenta in the very heart of the Navajo nation and is the home of John Wetherill. This name has been familiar on the Arizona frontier for many years as the Wetherill Brothers have been active in exploring the country and were the original discoverers of many of the cliff-dwellings. His wife is also familiar with frontier life and speaks the Indian language as fluently as a Navajo. She has improved the opportunity of gathering at first hand a rich store of Indian lore, which she is preparing for publication. She has also succeeded in collecting a full set of drawings on paper and in colors of the wonderful sand paintings of the Navajos made by a native artist. These sand pictures are used as "medicine" in ceremonies for the sick which scientists for a long time have tried to get but have failed, as they are considered sacred and kept secret. Being far removed from civilization the Indians are very primitive, but are now rapidly changing since the county has been made accessible, by the government building a wagon road through Marsh Pass for travel from the interior of Arizona to the "Four Corners."

I outfitted for the trip at Ganado with a wagon and team of horses and an Indian guide on horseback to pick the road and show the way. Fortunately good rains had preceded us which had laid the dust, started the green grass and supplied an abundance of water, that enabled us to make a quick and safe journey to the newly-discovered cliff dwellings. Rainwater lakes were numerous and a suitable campground was found whenever we chose to stop. These shallow lakes soon dry after the rainy season is over when water is scarce, as there are no dug wells in the country nor streams of running water during the dry season and natural springs are few and far between. The water in the lakes was stained red by the soil, but was perfectly soft and sweet for drinking. Although much livestock grazed on the open range the water was never polluted. During the middle of the day the sun was hot, but in every other respect the weather was perfect. Camping out in

the rain is always disagreeable, as it gets everything wet, muddy and mussy, which unpleasant experience we were lucky to escape.

At Payenta we rested our team and refitted with fresh saddle horses and pack mules. John Wetherill was our guide to the cliff-dwellings and brought us safely through. After leaving the wagon road in Marsh Pass our course led us into Laguna Canyon, where the country is exceedingly wild, broken and rough, with no road but cattle trails. The main canyon has many pockets, spurs and side canyons, all walled in by high, perpendicular cliffs and cut up by deep, narrow winding arroyos which lead to confusion as to direction and location. There was scarcely a foot of good road to be found and we had to pick our way in and out of ravines, through deep sand and dense brush thickets and over rocky barriers that were almost impassable. The novice who finds himself in this predicament without a guide becomes completely lost, and even those who are familiar with the country sometimes lose themselves.

In former years before the soil began to cut into gullies, which happened twenty-eight years ago, the floor of the valley was nearly level and contained several marshy lakes which gave the canyon its name. A story is told as to how this change occurred. It is the custom of the Indians on the plains below to plant corn in the springtime, which requires irrigation during the dry season. Sometimes the water is scarce and the corn suffers. On one such occasion the owner of a cornfield was heard to express the hope that it might rain to break the drouth. On the same day the man went up into the canyon in search of some stray stock. During his absence from home, a thunder storm formed which resulted in a cloudburst that broke the natural dam which held the lakes and turned the water loose in a flood that destroyed the cornfields. Indian superstition at once connected the events of the day as being the work of witchcraft, and fate pointed out the man who made the wish as the guilty culprit who caused the disaster. In a few days the man was found dead, killed by his own people, who believed him to be a witch. This incident would make it appear that it is not safe for a Navajo to make a wish, even though it be good if it turns out bad. The tangible evidence of the flood can yet be seen in the large groves of dead willow trees that stand high and dry on the banks of the arroyos in the dry bed of the lake.

We now had reached the goal of our desire and found the cliff houses we went to see. We visited four of the larger ruins and found them to be as represented. Betatakin, or the hillside house, is nearest to the entrance of the canyon and is concealed in a large wall pocket that is completely hidden by a dense growth of forest trees. The next ruin is called Kitseal, or the

house of broken pottery, which is similarly located. The house contains 148 rooms in an almost perfect state of preservation and is reported to be the finest specimen of cliff dwelling yet discovered. A perpendicular path called the Moqui trail here scales the high cliff with notches cut into the solid rock for the use of the hands and feet in climbing the dizzy height, that is yet plainly seen, but has not been used in the memory of man. Farther up the canyon we explored two other large ruins that have not yet been named and saw some smaller houses at a distance. These are now being investigated; and we were fortunate to find the camp of Professor Byron Cummings and party of the Utah University, who were doing excavation work and making some good finds .

Nearly all of the large cliff-dwelling ruins that have thus far been found are located in three widely-separated sections, namely, Canyon de Chelly, Laguna Canyon and the Mesa Verde. They all resemble each other in type of canyon, architectural design, style of construction and similarity of environment. All of the houses are tucked away in caves on high cliffs in deep box canyons, where they are completely hidden from view. The location was seemingly carefully planned and deliberately selected in each case for a definite purpose and chosen for its isolation and seclusion rather than for defense. The walls are built of roughly squared stone laid in adobe mortar and are of an entirely different type of dwelling from those found in the Pajarito Park and on the Rio Grande, which are of the cavete type and cut out of solid but soft tufa rock into artificial caves of one or more connected rooms.

The genuine cliff house is always found in a natural cave on a high cliff that is difficult to reach. The natural floor of such a cave is not usually level, but sometimes slopes sharply down and out. To obtain a level floor the outside wall was begun on the sloping rock below and built up perpendicular to the required height and the empty space behind either filled in or roofed over to make the foundation. The sandstone cliffs where these houses are found are high and perpendicular and sometimes even overhanging, but are always massive and impressive. The caves are all formed in large, shallow semicircles of a saucer shape, made by cleavage of the rock and weather erosion, with a talus of debris at the foot of the cliff. They all bear a striking resemblance to one another, as if made from the same pattern and were the remains of an ancient and forgotten art that caught the fancy of an imaginative and picturesque people, who appropriated these facinating places for their habitations. These cliffs are likewise remarkable for their decorations, by being elaborately frescoed by weather stains in various designs and colors; and sculptured into many

figures and forms by a dual process of engraving and relief, as if done on a grand scale by giant mural artists. There is always found in the near vicinity of every cliff-house a permanent spring of good water and a patch of moist land suitable for farming. A cliff dwelling is usually large enough to accommodate several families, or perhaps even a village of considerable size. The several canyons previously mentioned are more than one hundred miles apart, and even the individual houses in the same canyon are widely separated, so that it required some time for the inmates to exchange neighborly calls.

Who were the cliff dwellers? This is a question that has often been asked but never satisfactorily answered. The opinion prevails that they were a much persecuted people and were driven to the cliffs for protection and that these houses served as forts and were a refuge for the inmates. Such a belief is purely an assumption and visionary and is not in accord with the known facts. There is no evidence that any serious fighting was ever done at any time or place, but apparently the houses were left fully furnished when the inmates disappeared. Many better positions for defense and more desirable in every respect from our point of view were available, but were ignored and only these peculiar cliff-dwelling sites chosen. The only plausible theory that seems to fit the facts is that the sites were selected from choice, just as all free people have done in every age and country since history was recorded. The Mission Fathers have diligently sought knowledge of the cliff-dwellers from the old men among the Navajos, who are the custodians of tribal legends, but without success, as they all claim that they have no information on the subject. The early Spanish explorers found those ruins in much the same condition that they exist today, and there is no means of knowing just how old they are.

There is a strong presumption, however, that the Moquis are the descendants of the cliff-dwellers, as they seem to have many characteristics in common; but, if so, no connected or complete history of their life has ever been written. Although the Moquis do not live in caves they live a separate and isolated life by themselves and do not want to mix with other people. They live alone in their few pueblos on high mesas in the desert, far from civilization. The government has for years held out many inducements for them to leave their homes on the mesas and occupy new houses built for them in the valley below, but without success. They prefer to live in the houses of their fathers, where they have always lived, and will never voluntarily make any change.

The cliff dwellers are just beginning to be seriously studied in the school of American Archaeology at Santa Fe and some progress is being made in collecting reliable data concerning them.

CROUP.

W. C. Ament, M.D., Levita, Texas.

(Read before the Texas Eclectic Medical Society.)

I will not enter into a complete discussion of this disease called croup; only enough to make a diagnosis, that is a differential diagnosis of the different forms, as most writers give mucous, spasmodic, membranous and diphtheritic. Some claim that membranous and diphtheretic are identical, but believe that there is a true membranous form that is not diphtheritic.

The mucous form is diagnosed by the difficult breathing, hoarse metallic voice and cough; some fever will usually be present; the parent will say that the child has taken cold. The main diagnostic point in this form is the rattling of mucous in the throat.

The spasmodic form will differ in that there may be no febrile reaction, no rattling of mucous. There will be exacerbations and remissions; the breathing sounds will be dryer and more whistling or a kind of crowing sound.

The membranous form at the beginning will be very much like the former, but grow progressively worse until the membrane is expelled or the child dies. This form can be differentiated from diphtheria only by the microscope, that is absolutely; but we can generally determine the latter form by the presence of the diphtheria in the country.

Treatment.

In all cases I believe it is good practice to clear the alimentary tract and keep it clean. For this I usually give calomel 1-10 grain doses every one-half hour until eight or ten are taken, following within four to eight hours with castor oil or salts. I find oil is usually better taken by children than salts, especially some of the aromatic kind. Sometimes podophyllin Irisin are combined with the calomel as indicated.

An enema of warm water once or twice a day will be necessary to keep the bowels clean. We will stop all nourishment except probably a little lemonade. We will also start in with the indicated sedative as aconite or veratrum if there is any fever. If fever runs high, as it sometimes will, a few doses of aspirin is admissible. In the mucous form ipecac will be added to the sedative in small doses, and if there seems to be a great deal of mucus in the throat given to emesis, gives prompt relief. Locally compound Stillingia liniment rubbed over the larynx is good.

Cold packs over the throat sometimes gives quick relief. Sometimes the warm pack of epsom salts water is better.

In the diphtheritic form I would give the antitoxin in 3000 with the Stillingia liniment, both internally and externally.

Giving one or two drops on little sugar every one-half hour until nausea is evident, then every one, two or three hours to keep the relaxation until relieved.

Inhalations are sometimes valuable, as of steam from boiling water with a few drops of turpentine or oil of eucalyptus.

In the membranous form, I would add the dark iodide of lime in 1-4 to 1-2 grain every one-half to one hour in hot water until relief or the expulsion of the membrane.

In the diphtheretic form I would give the antitoxin in 3000 to 5000 unit doses once or twice daily until relief.

Of course there are cases that medicine will not relieve. In such I would advise prompt intubation or trachaeotomy.

SOCIALISTIC TENDENCIES IN THE PRACTICE OF MEDICINE.

E. A. Ormbsy, M.D., Centerville, Cal.

(Read before the California Eclectic Medical Society.)

Doctors, Ladies and Gentlemen:

After consenting to present a paper at this meeting and casting about for a suitable subject for the same, it was some time before I decided its appropriateness to the occasion and venture the hazard of criticism. The subject is not a new one to the profession, for it has been referred to of late by different medical authors through the journals, so if I repeat some of those ideas already expressed, I beg your forebearance and appeal to a spirit of generous tolerance. I will rest content with any respectful attention you may give it. The subject of necessity reviews medical history, so I have referred to it in a general way only. A paper of this kind will not permit any detailed historical reference without becoming boresome. There are several good works on the subject of medical history. One of the best is Dr. Alexander Wilder.

Socialism as I understand it (in a broad sense, shorn of party politics), is a movement which has for its object the uplift and protection of civilized society and purposes to bring about a better social and economic condition, equalizing opportunity as far as it is practical and aiming to bring about the largest amount of good to the greatest number.

Taking a retrospective view of the practice of medicine, commencing fifty years ago and looking backward, we do not observe a very flattering picture of our medical forebears, or their medical practice, although for all the ignorance of medical knowledge as we know it, pervading all classes of those periods, yet there were some astute and intellectual giants, who contributed very largely to the medical learning of their times and by the wheels of progress they set in motion, made possible the

present. All honor to the good they accomplished. They fought their fight under great difficulties and odds. Many were men with true scientific spirit, close observers, but the wheels of progress were clogged with a great mass of superstition, misleading theories and false philosophies, developing an almost impenetrable haze before their mental vision. Then the mechanical aids which have been such assistance to our progress were lacking in their time. They were surrounded by the retarding influences of heathen worship and practices. There is no telling the ages it has taken to reach our present development. Their ignorance of anatomy, physiology, materia medica and all the collateral sciences of medicine as we know them, developed many theories by the authorities of the times, who gained many adherents to their beliefs, who eventually formed a society or school practicing their peculiar system of medicine. As a natural result, there arose bitter animosities, the differences of opinion grew wide apart until the gap could not be bridged. It has taken us two thousand years to break loose from the shackles of ignorance, superstition and false philosophy, in which idol and heathen worship placed us and in which Christianity found us and are just now entering a new dawn.

It is said, "A civilization is no farther advanced than its medical learning." If that be true, I fear our dawn will be somewhat extended, before we reach the daylight of better things, for there yet remains a great deal to be done, in gathering together our scattered forces into one truly scientific body and there is yet a great deal to be undone and discarded as obsolete, a grading or separating of the wheat from the chaff, the kernel from the shell. Still I can observe the rapid advance of that progress in medicine which is eliminating and will continue to discard the undesirable and useless for things which serve for the greatest good to life and health. I venture to say, there is a good deal of the cart before the horse left in the present practice of medicine. "It is a great art that cures the man after he gets sick, but it is a greater art that keeps him well."

The excessive commercializing of the profession must be stopped. Graft and charlantism must be purged out. The profession of medicine needs men of soul, high ideals and lofty aims, men who seek the cause of mankind and not cheap glory and the dollar, and until we have found a sufficient number of such men, who seek to do the greatest good to the largest number, the dawn will stay with us. In reviewing the past of our medical progenitors we can forgive in a measure their blunders and mistakes, knowing the darkness in which they groped, we can sympathize with them in their trials and taste with them the bitterness of feeling created by opposing beliefs, jealousy and misunderstanding, for it is remembered only a few years

past a similar feeling existed between the contending and opposing schools in this country and not until quite recently has there been any signs of settling their differences and harmonizing their interests. There is a great howl about trusts in this country and a half-hearted movement on the part of some people to disorganize them and return to the old competing, costly and wasteful methods of doing business. You hear a good deal about a medical trust these days. Do you want to break up the trusts? No! but control them, so they will work the greatest good to the largest number. Make the so-called medical trust do the same. Do we realize this government is a great big trust and not far distant will be a bigger one and rapidly drifting toward the trusts of constructive socialism? What has brought about this socialistic tendency in medicine? The light of science, which has developed a broader mental vision and brought about a more tolerant disposition, based on undisputed facts. As we have observed, the differences of opinion, jealousy and misunderstanding have served to keep apart the opposing forces of medical practice, working in ignorance, so have the contending forces been laboring under similar influences in our day, but science has changed matters some, even to the transmutation of elements. That which was theory, is proven fact, accepted by all. Allopath, Homeopath and Eclectic, all have contributed to this science of medicine and the fact is accepted by all. Surgery has beome a fixed science, or nearly so and so acknowledged. All schools have proven the worth of serum therapy.

Materia medica is rapidly becoming standardized and the time is not far distant when drugs of a fixed value only and proven by exhaustive clinical tests, will be used in the treatment of the sick and diseased. The laboratory is rapidly eliminating all guess-work in diagnosis. No one disputes the facts of microscopy. The success of science, in destroying so much of the theory and guess-work in the practice of medicine, must in time, destroy all differences of school and harmonize the differing interests, into one united body, for advancement and economy, promoting the best in all, for the good of all. There is another part of this medical science, a natural outgrowth, which is rapidly coming to the front, one on which all agree, one which bears greater promise of the future, health and well-being of mankind, than all the rest. "An ounce of prevention is worth a hundred pounds of cure." This new science, if it may be so termed, is Hygienic Sanitation and preventive medicine. I can see in that a united medical fraternity, working for the common good of all classes of men. In it I can see the languishing of graft, charlatanism and quackery. The possibilities of this science are exemplified in the wonderful achieve-

ments accomplished, during the late wars and the digging of the Panama canal.

If the high standard of health can be brought about by applying this science under such unfavorable climatic influences and surroundings, as existed in the Panama canal zone, what can be accomplished in more healthful conditions and favorable climate? The day of good things is surely coming for mankind in general.

Doctor, we have a great work ahead. "Civilization is no farther advanced than its medical learning." Let us prove the statement by a future medical socialism, built on a strong Christian foundation. The practice of medicine is becoming rapidly socialistic. "He who does not keep up with the race falls behind."

Let us build a greater Eclecticism. The world is rapidly becoming Eclectic and also socialistic. Let us prove worthy followers of a noble cause, men and women who will not stoop to illegitimate acts for any price, who possess a conscience and a soul in dealing with their fellow-man and a heart which beats with human sympathy, and we are bound to win. The world is waiting for such a school of doctors.

DIAGNOSIS OF ASCITES.

Dr. O. C. Welbourn, Los Angeles, Cal.

(Read before the Los Angeles County Eclectic Medical Society)

In the consideration of this subject it is essential to recognize clearly that it is not a disease, or even a symptom of a disease. Rather is it a physical sign which suggests one or more of a great number of pathological conditions; and it is from this point of view that I shall call your attention to it.

Ascites is caused by a transudation or exudation from some portion of the peritoneum. It is characterized by a collection of fluid within the peritoneal cavity. If the quantity of this fluid be of moderated amount, it will flow into and bulge the lumbar regions, producing upon percussion an area of dullness in those localities when the patient is placed upon his back. The intestines, because of the gas contained therein, will float upon this fluid and be forced toward the median line, producing upon percussion an area resonance of about the umbilicus. Furthermore, if the patient be placed upon his right or left side, the fluid will answer the law of gravity and seek the lower side, while the gas is forced to the upper side, and the respective areas of dullness and resonance will shift in a like degree. However, if the quantity of fluid be small, an appreciable length of time must elapse after a change of position before it will be found in its new location. Sometimes it is even necessary to

place the patient in the knee-elbow position and allow the fluid to collect about the umbilicus before the presence of a small quantity can be positively determined. Should there be a large collection of fluid together with a short mesentery, the fluid may overlie the intestines and the resonance is thereby lost; though it may be recovered by making deep pressure in the median line and displacing the fluid. With such a patient in an erect position, by placing a hand upon one side at the level of the surface of the fluid and succussing the opposite side a wave may be felt to break upon the hand somewhat as waves break upon the seashore. But if there be a good deal of soft abdominal fat, the wave therein may be confused with the true ascitic wave. The possibility of this error may be elminated by having an assistant press the ulnar side of the hand quite firmly into the subcutaneous fat in the median line. In addition to these physical signs, there is sometimes employed aspiration of the peritoneal cavity, a procedure somewhat hazardous, and we believe quite unnecessary. Advocates of this operation lay great store upon the information to be gained by an analysis of a specimen of the fluid obtained, claiming to determine the pathology thereby. To our mind the accuracy of such findings remains to be proven.

It sometimes happens that ascites is confused with pregnancy, uterine tumors, ovarian tumors, a distended urinary or gall-bladder, pancreatic cysts retroperitoneal tumors, etc. But if we bear in mind that in ascites the fluid is free in the peritoneal cavity, such errors would not occur. As an exception to this rule we have seen one case in which a previous peritonitis had agglutinated the intestines to such a degree that the fluid was collected in pockets and it consequently did not fulfill the tests for a free fluid. Such a case would present well-nigh insurmountable obstacles to a correct diagnosis.

The most common cause of ascites is an obstruction in the portal circulation. This may be in the liver, as a cirrhosis, in the vein, as a thrombosis, or in a sense extraneous, as a tumor pressing upon and partly obstructing the vein.

Irritation of the peritoneum will excite an increase flow of serum with a resultant ascites. In this connection, we think of a malignant or tuberculous disease of any of the abdominal organs; ulcers of stomach or intestines which have reached the peritoneum; ruptured ovarian cyst; degeneration of uterine fibroids, etc.

Renal and cardiac diseases frequently produce ascites, but it is secondary to an anasarca, which is the predominant physical sign.

Elaborate tables might be prepared showing the differential diagnosis of each of these conditions from ascites, but it seems to the writer that the above is sufficient.

GENERAL TREATMENT FOR THE VARIOUS DROPSIES.

George C. Taylor, Bettie, Texas.

(Read before the Texas Eclectic Medical Society.)

Mr. President and Members of the Texas Eclectic Medical Association:

The subject assigned me, if thoroughly treated, would make a small volume, and would occupy more time and space than we have here to spare. Therefore I will only try to present to this assembly in a general way a general treatment that I have successfully used for the past twenty-five years. Dropsies are too well known to the profession to spend but little if any time in describing the malady; however, there are quite a variety; yet, to boil it down to solid facts, there are but two varieties, viz: aqueous and catarrhal. These varieties are treated in a general way the same, although we have no panacea (for each case must be treated to meet the several indications as they arise). The treatment which I shall here advise is applicable in all cases,, with slight modification.

Treatment: Crude Squills parched; (as parched coffee in the old fashioned way). Grind to a coarse powder, mix with honey, make pills or balls the size of a partridge egg, or one half inch in diameter, give one at 6 p. m. one at 9 p. m. and the other at midnight; follow in the morning with teaspoonful doses each of Cream of Tarter and Epsom Salts every three hours until copious watery purgation is produced. Repeat this every third day or twice a week. During the intervals give tonics of Iron, Strichnine and Quinine; support the heart with Digitalis and Strichnine during the treatment and if heart is weak continue Digitalis all the time.

If the dropsy is of catarrhal variety give Arsenite of Strichnine or Fowler's Solution of Arsenic and apecynum. Meet all indications as they arise with a proper remedy, as elimination is the only way to get rid of diseases; see that all channels of elimination are kept open by frequent saline baths and diuretics, etc.

The treatment of this as well as most diseases are not confined to medication alone, therefore, diet is one of the main treatments, such as best suits the individual, but let it be of nutritious and easily assimilated kind. Fruits of an acid flavor are desirable, and meat extracts, eggs, etc.

Allow the patient to take all the outdoor exercise that can be taken without worry.

Let his sleeping apartment be well ventilated, and if patient is not too old, you will be proud to note a speedy recovery in about 90 per cent.

But I find that dropsies in any form, especially catarrhal, in persons over 60 years of age, are hard to treat, and the mortality is just about 90 per cent.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PAY TO BE KEPT WELL.

There is met, occasionally, a loud mouthed person who is roaming over the face of the earth and shouting that doctors keep people sick for the revenue to be otained. Usually he is just a plain every day blatant demagogue. Rarely he is sincere, and then advocates that doctors should be paid a stated sum per month so long as the patient is well, said payment to cease so long as the patient is sick. Quite fervidly he will allege that our present time-honored system is all wrong, and that we at once should adopt the so-called Chinese system, or, in short, exactly heverse our present custom. Being obsessed with this thought, he can see but one side of the question, and preens himself upon being a reformer—a man destined to overthrow things. As occasion offered we have suggested to those people that this is a free country and there is no law to prevent them from making such an experiment upon their own persons; and that while we personally feel somewhat biased in favor of the existing customs, yet there are plenty of doctors who would be willing to lend a helping hand for a year, just to see how the scheme would work out. But, alas! the suggestion is too small. Your average reformer deals in big things, even though they are vain imaginings. He wants a law to force everybody to do what he personally thinks is the right thing to do.

MEDICAL RECIPROCITY.

Two years ago we personally appeared before a committee from our State Legislature and advocated a reciprocity clause for our medical law. We don't believe in our present "dog in the manger" policy, and said so. The amendment did not pass, but is still a live question, as is shown by the following extract:

In the September number of the California State Journal of Medicine is an editorial as follows:

"Why do so many physicians want to come to California?" A year or two ago, when the matter was looked into, it was found that there was one doctor to about every 400 of population; and several hundred doctors have come in since then. For the August, 1912, examination of the State Board of Medical Examiners, 202 applications had been received up to the time when the books close under the law, two weeks before the examination. Of these 194 had filed satisfactory credentials and eight were pending investigation at the time of writing; we may safely say that at least 200 will take the August examination. If the average number pass, we will have 150 or more newly licensed physicians in an already over-supplied State. Why is it? Moreover, the Governor has said—or at least he is quoted as having said—that he was anxious to have the next legislature pass a very liberal reciprocity amendment to the present law regulating the practice of medicine; an amendment that would permit any physician licensed in any other State to come to California and practice. That would mean no medical law whatever, practically, for any one with a diploma can get a license in some State and then come here and the law would permit him to practice upon an ignorant public, no matter how poorly qualified he might be. It is commonly said that the legislature which is to convene in January will pass any law the Governor desires, and if that is true then we can be quite certain that California will become, next year and thereafter, the veriest dumping-ground in the world for quacks and half-baked, ignorant, poorly equipped doctors. The people will, of course, suffer for it, but unfortunately they will not find this out till it is too late; and the general rank and file of the profession will be accused of permitting the disaster to occur, when in fact it is the people themselves that will have permitted it."

"Why do so many physicians want to come to California?" Why did the editor of the California State Journal of Medicine want to come to California? About the time he came, it was reported that there were but two hundred people to each doctor in some counties. This custom of publishing the proportionate number of people to each doctor is an ancient and ob-

solete lament. Suppose several hundred doctors have come in since "a year or two ago?" So have several thousand other people. We are encouraging people to come, by every known means. Why should the doctors be excluded? They will not hurt the editor's practice any and but very few of them would have his job.

The Governor of California knows that California is bitterly censured for its "dog-in-the-manger" policy in regard to reciprocity in the matter of medical license. He is determined to have a square deal. Being a very well informed and skillful attorney, he is by far better able to judge concerning a good, sound State medical law, than any individual who has ever had anything to do with drafting such a law before this time.

Anyone with a diploma cannot "get a license in some State," without passing an examination which must be up to an agreed standard, if it is to avail anything as a means of getting a reciprocal license. We do not think the public in California "an ignorant public." We have been in many parts of the State, from the mountains to the valleys, from the Nevada line to the ocean. California is inhabited by a population far from ignorant. A doctor now-a-days who serves this public has got to know something or travel elsewhere. We are proud to live in a State which can boast so intelligent a public.

We do not believe that the chief executive of the State is the sort of man to advocate or to sign a bill, which on becoming a law would make "California become next year and thereafter the veriest dumping-ground in the world for quacks and half-baked, ignorant, poorly equipped doctors." We do believe that the chief executive will advise that a law be passed that will raise California to the same standard as that of some of the Eastern States, instead of the grotesque statute which we now have, which neither fixes a standard of preliminary education pursuant to the study of medicine, nor a fixed standard as a basis on which to grant a license after graduation. A law so loosely drawn as to permit a board of examiners, if they choose, to do about as they please, individually, or collectively, with applicants for license; a law that in its essentials means nothing in many of its parts, but is presumed to "automatically change itself" according to the whim of the "Association of American Medical Colleges," a non-resident association, ignored by many of the largest schools outside of California. The law does not bind us to follow the constitution and by-laws of the above-mentioned association, but permits the State Board of Examiners, if they choose, to pretend that it does. We believe that the chief executive of this State will advocate the wiping out of any such monstrosity of a law and the enactment of a good, sound law in its place.—E. H. S. in Pacific Medical Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on November 5th, at 8 p. m. at the College.

In the absence of the President, Dr. Beard was selected to act as chairman.

The paper of the evening was entitled "Diagnosis of Ascites" and was written by Dr. O. C. Welbourn, who was unable to be present, so the paper was read by the Secretary.

Discussed by Drs. Smith and Baird.

Dr. Munk read a letter from Dr. H. T. Webster, Oakland, concerning certain medical legislation contemplated. Action on said communication to be deferred until next meeting.

Next meeting will be December 3rd, when Dr. Roath will read a paper. Dr. Fullmer will present a paper at the January meeting.

Adjournment.

J. BEARD, Pres. pro. tem. P. M. WELBOURN, Sec'y.

STATE SOCIETY NEWS.

Below is published a list of the Section Officers for our next Annual Meeting, which is to be held in San Francisco, May 27, 28 and 29, 1913.

Section I.—Practice of Medicine.

President, Herbert T. Webster, M.D., Oakland, Cal.
Secretary, Judson Liftchild, M.D., Ukiah, Cal.

Section II.—Surgery.

President, George G. Gere, M.D., San Francisco, Cal.
Secretary, B. R. Hubbard, M.D., Los Angeles, Cal.

Section III.—Materia Medica and Therapeutics.

President, J. T. Farrar, M.D., Berkeley, Cal.
Secretary, Oran Newton, M.D., Long Beach, Cal.

Section IV.—Gynaecology and Obstetrics.

President, W. A. Harvey, M.D., San Francisco, Cal.
Secretary, Ira A. Wheeler, M.D., Healdsburg, Cal.

Section V.—Pathology, Bacteriology and Serumtherapy.

President, Charles Clark, M.D., San Francisco, Cal.
Secretary, Pina M. Welbourn, Los Angeles, Cal.

Section VI.—Electro Therapeutics.

President, E. H. Mercer, M.D., San Francisco, Cal.
Secretary, W. M. Forster, M.D., San Francisco, Cal.

Section VII.—Pediatrics.

President, H. C. Smith, M.D., Los Angeles, Cal.
Secretary, H. V. Brown, M.D., Los Angeles, Cal.

Section VIII.—Eye, Ear, Nose and Throat.

President, H. W. Hunsaker, M.D., San Francisco, Cal.
Secretary, J. C. Solomon, M.D., Los Angeles, Cal.

Each man has willingly promised to undertake the work assigned to him by the President, and if good, conscientious, well directed effort has a tendency to insure a good program, we certainly should have a mighty fine one at our next meeting. Now of course it is ridiculous to expect these few men, no matter how willing they may be, to sit down and write all the papers that will be read at the meeting. They will require help from each individual member to make their various sections a success. So consequently when you are solicited for a paper, don't throw the letter aside, nor consign it to the waste paper basket, but make up your mind then and there to do your part and prepare a paper. Don't give any excuse "that you have never written any paper;" that "you think you will be unable to attend," etc., etc. The thing to do is to help the Section Officers by preparing a paper, and if on account of any dire misfortune you are unable to be present, send the paper to the Secretary of the Section. We need good papers. If they are not read at the meeting by the Secretary of the Section, they will be published in the Journal throughout the year, thus giving the other fellow who is unable to attend a chance to read them. There is nothing selfish about our Society. We not only want every member to have a "say-so" in the management, but also to share in the good things the

other fellow may have concealed up his sleeve. Give us short, snappy, up-to-date papers; papers that are not only interesting but instructive to the rest of us. Write of anything that you think will prove interesting and provoke discussion; some case probably that you have had during the year. Remember, as I said before, it is impossible to have too many good papers. Another thing, when you receive your new calendar for 1913, turn to the month of May and mark the figures 27, 28 and 29, in red ink, just the same as a holiday, because these three days should be the biggest holiday of the year for all of us. It is not only a pleasurable but a most profitable holiday for any physician to attend his annual state meeting. To get away from the routine and hard work of business, to come in contact with and meet other men who have probably hustled as hard as you have during the year, to see how others do business, pick up new ideas, etc., and in this interchange of ideas each one will be the gainer. You will find that the time and money expended in attending your state meeting is well spent and will prove a mighty good investment. The State Society is in very good shape at present. We have been able not only to maintain our increased membership that has been built up in the past few years but have been adding new members since our last meeting and confidently expect to continue to do so. What we ask now is that each individual member should do his part regarding the program and resolving to attend the annual meeting.

H. FORD SCUDDER, M.D., Sec'y.

COLLEGE NOTES.

Herbert T. Cox.

Saturday, November 9th, being Dean Munk's birthday, the students planned a surprise for him. They all met at the Pacific Electric Station and entrained for Compton on the 12:40 p. m. car. Arriving at that place, they began the march of invasion upon the Munk barracks and consequently the College Botanical Garden. The party marched in and occupied headquarters while the Dean was out on a tour of inspection beyond camp. Then he was quietly signaled by wireless to return and upon entering, he found that his forces were completely outnumbered, and he immediately declared a truce and surrendered the whole of the barracks including his foraging grounds in near proximity.

Even volunteering to guide the invaders to the most delicious supplies such as figs, Concord grapes, peaches, etc., which they eagerly devoured after their long march. Not only did he do this, but also pointed out all the medicinal herbs of

which he knew the locality, which would have proved very effectual ammunition in their hands against the great common enemy had he dared attaek any after such a sumptuous forage of fruits. Returning to headquarters a great feast was found, all prepared by the commissariat department out under the shade of the trees.

Just before undertaking this task the commander of the invaders called the Dean forward and after reviewing a few facts which aroused his curiosity, presented him with a set of six volumes from the Student Body of the College. The books are on subjects along the line of Climatology and Natural Science. After the feast the different persons spent the remainder of time sight-seeing, and in athletic contests and after a pleasant time, retreated to their city quarters.

Tuesday evening, November 12th, the Student Body held its first meeting of this year. A good proportion of the students were present, as well as some of their friends. The business meeting was postponed until a future date, as the main attraction of the evening was the initial trial of the New Spencer Delineoscope which had just been installed by Braun & Co. The cost price was raised by subscription among the students and professors last term but the scope was not installed until now because of the delay caused by the overcrowded workrooms of the manufactory.

Professor T. C. Young gave an illustrated lecture, with the Delineoscope, entitled: "A Prospective Student and his Progress," in which he traced the young man across the continent from the East to Los Angeles, to the College where he interviewed the Dean, matriculated and sat listening to lectures on Anatomy, Histology, Pathology, Bacteriology, etc., and finally to his room one evening where he found him sleeping over his books and dreaming of meadows and pastures green at home.

All of this town was shown on the screen by means of lantern views, opaque projections from cards or books and real mounted slides of tissues thrown through the microscopic attachment. Its usefulness in the lecture room was shown by the great range of material that may be called into use for illustration by being able to rapidly change from one method of projection to another.

R. W. Prince, R. F. Wirick and F. N. Fox are late additions to our number.

We are sorry to state that Professor Hubbard, who has been professor of surgery for five years, has resigned on account of ill health. His place is being filled at present by Dr. J. L. McLaren.

The Seniors miss Professor Holman from his lectures these days while he is recovering at the Westlake Hospital from an appendicitis operation.

NEWS ITEMS.

Dr. George Moe, Chicago, was in the city recently, having accompanied his family to California and established them in a home for the winter. The doctor has returned to Chicago with regrets, we believe.

Dr. Wm. McLeod, Santa Ana, was a recent caller in the city.

Dr. H. Ford Scudder has made his usual weekly trips to the college, and on one of these trips brought a surgical case to the Westlake Hospital.

Dr. O. C. Welbourn was in San Diego on professional business last month, and brought greetings from our good friends in that city.

Dr. E. R. Harvey, Long Beach, has returned from a six weeks visit in the East, where he did post-graduate work.

Dr. W. F. Holman, who came to Los Angeles a year ago, has been very ill in the Westlake Hospital but is now convalescent from an operation for acute appendicitis.

Dr. Q. A. R. Holton, Whittier, paid us a visit last month and reports that he is feeling fine, and getting back to work after a long vacation and very serious illness.

Dr. J. B. Mitchell, San Francisco, makes us feel happy by sending a renewal for two years to the Journal.

Dr. E. H. Mercer, San Francisco, sends one dollar to the Journal. The Doctor has changed his address quite recently to 111 Ellis Street, San Francisco.

Dr. A. D. Tilden, Riverside, sends his renewal to the Journal and says so many nice things that we will probably feel cheered up until next year.

Dr. F. Leix, Sonoma, Dr. E. C. Pace, Osawatomie, Kansas, Dr. M. S. Kelliher, Lompoc, Dr. J. T. Colliver, San Bernardino, Dr. F. S. Peek, Oklahoma City, Mrs. Dora Z. Swapp, Azusa, and Dr. G. B. De Barr, Chicago, have remitted during the month.

For Sale—Office equipment and furniture of $1,500 value with practice of $3,500 cash resulting from patronage of the best families in one of the best towns in California, for the price of office equipment and introduce my successor. Address, M.S.K., care California Eclectic Medical Journal.

Dr. M. Hoops of Burton, Nebraska, made a hurried trip to the Pacific Coast and a brief visit at Los Angeles. He came with his brother, who has incipient consumption and has come West to try the healing climate of Arizona.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC.

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Sworn to and subscribed before me this 5th day of October, 1912. EDNA L. BURKHART,

Notary Public in and for the county of Los Angeles, state of California.

(Seal) My commission expires July 2, 1914.

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